

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132393

Entity Name: ROBMUND FLORIDA CORP.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2298 EAST COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 4734
SANTA ROSA BEACH, FL 32459

New Mailing Address:

PO BOX 4699
SANTA ROSA BEACH, FL 32459

FEI Number: 22-3944934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLENZIK, ROBERT
2298 E. COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLENZIK, LISA I
Address: 2298 E.AST COUNTY HWY 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VSTD () Delete
Name: WILLENZIK, ROBERT B
Address: 2298 EAST HWY 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILLENZIK

VSTD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date