

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 006 ***150.00

DOCUMENT # P94000024019

1. Entity Name
THE ROBINWOOD COMPANY, INC.



Principal Place of Business
**17 SOUTH 8TH ST
DEFUNIAK SPRINGS, FL 32435 US**

Mailing Address
**17 SOUTH 8TH ST
DEFUNIAK SPRINGS, FL 32435 US**

04004333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3225772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, ANN S
17 S 8TH ST
DEFUNIAK SPRINGS, FL 32433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, P
ROBINSON, ANN S
702 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, V, P
ROBINSON, CELIA A
443 BOB SIKES RD
DEFUNIAK SPRINGS, FL 32435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, T
ROBINSON, CRAIG S
1184 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Change ☒ Addition
**38 S 8th St
DEFUNIAK SPRINGS FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig S. Robin

5-29-04 850-892-0888