

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041967

Entity Name: L.W. ROBBINS, INC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

24630 SANDHILL BLVD.  
UNIT 302  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

24630 SANDHILL BLVD.  
UNIT 302  
PUNTA GORDA, FL 33983

**New Mailing Address:**

FEI Number: 65-0761308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBBINS, BONNIE H  
303 CHANNEL LANE  
NOKOMIS, FL 34275      US

**Name and Address of New Registered Agent:**

ROBBINS, BONNIE H  
701 BLACKBURN BLVD  
NORTH PORT, FL 34287      US

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: BONNIE H ROBBINS      05/01/2009  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: ROBBINS, BONNIE H  
Address: 303 CHANNEL LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: V      ( ) Delete  
Name: NORTHRUP, V. NATHAN  
Address: 543 LINCOLN ST  
City-St-Zip: CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD      (X) Change ( ) Addition  
Name: ROBBINS, BONNIE H  
Address: 701 BLACKBURN BLVD  
City-St-Zip: NORTH PORT, FL 34287

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: BONNIE H ROBBINS      PSD      05/01/2009  
Electronic Signature of Signing Officer or Director      Date