2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90459 014 ***150.00

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DOCUMENT # P98000023627

1. Entity Name
ROBBINS-LUTZ REAL ESTATE, INC.

Principal Place of Business	Mailing Address
26430 RANPART BLVD #521 PORT CHARLOTTE, FL 33983	26430 RANPART BLVD #521 PORT CHARLOTTE, FL 33983

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2384389
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, JOHN S
26430 RANPART BLVD #521
PORT CHARLOTTE, FL 33983

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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: John S Robbins 4-6-06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBBINS, JOHN S
STREET ADDRESS	26430 RANPART BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	VD
NAME	LUTZ, ROBERT N
STREET ADDRESS	339 GRAND RD.
CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE	VD
NAME	LUTZ, LISA
STREET ADDRESS	9697 PINO RD.
CITY-ST-ZIP	PHILADELPHIA, PA 19115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John S Robbins PRES. 5/8/06 941-743-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN S. ROBBINS PRES.