

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000023627

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



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

Mailing Address
**26430 RANPART BLVD #521
PORT CHARLOTTE, FL 33983**



04042007 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**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/23/07-80038-024 150.00

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. Robble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 944 743-7295

Date

Daytime Phone #