2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90036 047 ***150.00

DOCUMENT # P98000072772

1. Entity Name
THE ROBINS NEST ON THE BAY, INC.

Principal Place of Business	Mailing Address
8220 SCENIC HWY PENSACOLA FL 32514	5337 ROWE TRAIL PACE FL 32571

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
The Robins Nest	5337 Rowe Trail
Suite, Apt. #, etc. Pace FL 32571	Suite, Apt. #, etc. 32571
City & State	City & State
Zip 32571 Country Santa Rosa	Zip 32571 Country Santa Rosa

4. FEI Number 59-3533418 ☐ Applied For ☐ Not Applicable

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
BACHMEIER, ROBIN 5337 ROWE TRAIL PACE FL 32571 ~~Cassie Bachmeier~~ ~~5337 Rowe Trail~~ ~~Pace FL 32571~~ LB	Name ~~[illegible] Burton~~ ~~Cassie Bachmeier~~ LB Street Address (P.O. Box Number is Not Acceptable) ~~5337 Rowe Trail~~ LB 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
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	BACHMEIER, ROBIN	
STREET ADDRESS	5337 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	☐ [illegible] LB
NAME	BACHMEIER, LARRY	
STREET ADDRESS	5337 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 32571	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Larry Bachmeier 1-26-08 850-450-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #