2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000068646

1. Entity Name
SUN-ROBIN SALES,INC.

Principal Place of Business	Mailing Address
5806 WIRE GRASS TRAIL VALRICO, FL 33594	5806 WIRE GRASS TRAIL VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3590279
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ROBINSON, JAMES E
STREET ADDRESS	5806 WIRE GRASS TRAIL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VSD
NAME	ROBINSON, PATRICIA J
STREET ADDRESS	5806 WIRE GRASS TRAIL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	ROBINSON, MARK E
STREET ADDRESS	3678 DERBYSHIRE RD., BLDG. 29 - A100
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	ROBINSON, DAVID J
STREET ADDRESS	5726 TANGER LAKE RD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James E Robinson April 27, 2004 813-643-7385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #