

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90022 009 ***150.00

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1. Entity Name

ROBINSON FENDLEY CORPORATION



Principal Place of Business

1707 PRIMROSE LN.
WELLINGTON FL 33414

Mailing Address

1707 PRIMROSE LN.
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0972731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DEBORAH
1707 PRIMROSE LN.
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name MIKE FENDLEY

Street Address (P.O. Box Number is Not Acceptable)
1707 PRIMROSE LN

City WELLINGTON

FL

Zip Code 33414

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

02/17/2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PTSD
NAME ROBINSON, DEBORAH
STREET ADDRESS 1707 PRIMROSE LN.
CITY-ST-ZIP WELLINGTON FL 33414 ☒ Delete

TITLE ☒ Delete
NAME ROBINSON, DEBORAH
STREET ADDRESS 1707 PRIMROSE LN.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V
NAME CRUMPLER, JAMES
STREET ADDRESS 819 NORTHERN DRIVE
CITY-ST-ZIP LAKE PARK FL 33403 ☒ Delete

TITLE ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☐ Delete
NAME
STREET ADDRESS
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 D
NAME ROBINSON, DEBORAH
STREET ADDRESS 1707 PRIMROSE LN
CITY-ST-ZIP WELLINGTON, FL 33414 ☒ Change ☐ Addition

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

TITLE PTSDC
NAME FENDLEY, MIKE
STREET ADDRESS 1707 PRIMROSE LN
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Change ☒ Addition

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

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 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:

MIKE FENDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/2005

Date

Daytime Phone #

561-
795-9815