

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 019 ***150.00

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1. Entity Name

ROBON ENTERPRISES INC.

Principal Place of Business

~~15536 TIMBERLINE DR~~
~~TAMPA FL 33624~~

Mailing Address

~~15536 TIMBERLINE DR~~
~~TAMPA FL 33624~~

2. Principal Place of Business

17906 Sparrows Nest Dr

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)



City & State

Lutz

City & State

71

4. FEI Number

59-3602021

Applied For

Not Applicable

Zip
33558

Country

Fl

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BARBARA ROBON
15536 TIMBERLINE DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Barbara Robon

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

17906 Sparrows Nest Drive

City

Lutz

FL

Zip Code

33558

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

Barbara Robon

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, 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 P ☐ Delete
NAME ROBON, BARBARA
STREET ADDRESS ~~15536 TIMBERLINE DRIVE~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE VPT ☐ Delete
NAME ROBON, ROBERT
STREET ADDRESS ~~15536 TIMBERLINE DRIVE~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 17906 Sparrows Nest Dr
CITY-ST-ZIP Lutz, 71 33558

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 17906 Sparrows Nest Dr
CITY-ST-ZIP Lutz, 71 33558

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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:

Barbara Robon

Barbara Robon

4-12-05

813-2653243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #