

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V22325

1. Entity Name
ROBINS COMPLETE OUTBOARD SERVICE, INC.



Principal Place of Business
**145 PUEBLO ST.
TAVERNIER, FL 33070**

Mailing Address
**145 PUEBLO ST.
TAVERNIER, FL 33070**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0328828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLOESEL, EDWARD ROBIN
145 PUEBLO ST.
TAVERNIER, FL 33070**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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
KLOESEL, EDWARD ROBIN
145 PUEBLO STREET
TAVERNIER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KLOESEL, CONNIE
145 PUEBLO STREET
TAVERNIER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Robin Kloesel, Robin Kloesel* **26-06 305-852-3955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #