

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000063980

**Entity Name:** ROBYN STORY DESIGNS, INC.

**Current Principal Place of Business:**

9249 LAZY LANE  
BUILDING E  
TAMPA, FL 33614

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC6705100901**

**Current Mailing Address:**

9249 LAZY LANE  
BUILDING E  
TAMPA, FL 33614

**FEI Number: 16-1672895**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHECHT, NEIL S  
3630 W KENNEDY BLVD  
TAMPA, FL 33609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D/VP	Title	D/P
Name	STORY, STEPHEN	Name	STORY, ROBYN
Address	16608 SEDONA DE AVILA	Address	16608 SEDONA DE AVILA
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	TAMPA FL 33613

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN STORY**

**D/VP**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date