


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F92000000263
 1. Entity Name
ROBINS & MORTON CORPORATION



Principal Place of Business
400 SHADES CREEK PKWY
STE 200
BIRMINGHAM, AL 35209 US

Mailing Address
PO BOX 59289
BIRMINGHAM, AL 35259 US

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1076742

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
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, 2008 Fee will be \$550.00

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

U00000916350
 05/12/08-90025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST MORTON, BILL 400 SHADES CREEK PKWY SUITE 200 BIRMINGHAM, AL 352090549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SAVAGE, ROBIN 400 SHADES CREEK PKWY., 200 BIRMINGHAM, AL 352090549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORTON, BILL 400 SHADES CREEK PKWY., 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, WAYNE 420 SHADES CREEK PKWY SUITE 200 BIRMINGHAM, AL 35209
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Morton **Bill Morton, President** 4-15-08 (205) 870-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #