2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000024264

1. Entity Name ROBINSON PUMP SERVICE, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4355 SE 115 ST BELLEVIEW, FL 34420 Mailing Address

4355 SE 115 ST BELLEVIEW, FL 34420



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0485889 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DAVID A 4355 SE 115 ST BELLEVIEW, FL 34420

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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROBINSON, DAVID A 4355 SE 115 ST BELLEVIEW, FL 34420				U00000918147		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROBINSON, KAREN J. 4355 SE 115 ST BELLEVIEW, FL 34420				05/13/08-80071-010 150.00		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .				· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	(F ,. ,			· 		

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70-06 352-307-469