

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 002900

FILED
Jan 04, 2007
Secretary of State

Entity Name: ROBINSON IMPROVEMENT COMPANY

Current Principal Place of Business:

% GARRETT, WOOD & CO., PA
4417 BEACH BLVD STE 200
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

% GARRETT, WOOD & CO., PA
4417 BEACH BLVD STE 200
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0579914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, MICHAEL W
GARRETT, WOOD & CPA., PA
4417 BEACH BLVD, STE 200
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

GARRETT, MICHAEL W
GARRETT, WOOD & CPA., PA
4417 BEACH BLVD, STE 200
JACKSONVILLE, FL 32207 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: MICHAEL W. GARRETT

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FURNIVAL, BERNARD H
Address: 245 WEST 107TH STREET, APT 5H
City-St-Zip: NEW YORK, NY 1002530

Title: TD () Delete
Name: GARRETT, MICHAEL W,
Address: 4417 BEACH BLVD, #200
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: DAVIES, BUTCH,
Address: 122 W CAMERON STREET
City-St-Zip: CULPEPER, VA 22701

Title: D () Delete
Name: CARTER, JAN S,
Address: 609 HOWELLBROOK
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: FURNIVAL, LAWRENCE
Address: 185 TAWSON PARK BLVD.
City-St-Zip: BRANFORD, CT 06405

Title: PD () Delete
Name: CARTER JR., WALTON T
Address: 609 HOWELLBROOK DR.
City-St-Zip: VALDOSTA, GA 31602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GARRETT

T

01/04/2007

Electronic Signature of Signing Officer or Director

Date