

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 002900

FILED  
Jan 07, 2009  
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:

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

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  
Name:  
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 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 W GARRETT

TRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date