

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 382190

FILED
Feb 09, 2005
Secretary of State

Entity Name: ROBINSON ESTATES, INC.

Current Principal Place of Business:

9671 SW 190TH AVE., RD.
P. O. BOX 489
DUNNELLO, FL 34430 US

New Principal Place of Business:

9671 SW 190TH AVE. RD.
DUNNELLO, FL 34432 US

Current Mailing Address:

9671 SW 190TH AVE., RD.
P. O. BOX 489
DUNNELLO, FL 34430

New Mailing Address:

P O BOX 489
DUNNELLO, FL 34430

FEI Number: 59-1397355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LOUISE R
9671 SW 190TH AVE RD
P O BOX 489 N/A
DUNNELLO, FL 34430 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: DPS () Delete
Name: SMITH, LOUISE ROBINS, ON
Address: 9671 SW 190 AVE RD, PO BOX 489 NA
City-St-Zip: DUNNELLO, FL 34430

Title: DVPT () Delete
Name: SMITH, CHARLES J
Address: PO BOX 489
City-St-Zip: DUNNELLO, FL 34430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SMITH, LOUISE ROBINS, ON
Address: 9671 SW 190 AVE RD
City-St-Zip: DUNNELLO, FL 34432

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 Section 119.07(3)(i), 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: CHARLES J. SMITH

DVPT

02/09/2005

Electronic Signature of Signing Officer or Director

Date