

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 382190

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** ROBINSON ESTATES, INC.

**Current Principal Place of Business:**

20447 ROBINSON ROAD  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 489  
DUNNELLON, FL 34430

**New Mailing Address:**

**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 AVENUE ROAD  
DUNNELLON, FL 34432 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, LOUISE R  
Address: 9671 SW 190 AVENUE ROAD  
City-St-Zip: DUNNELLON, FL 34432

Title: VPSD  
Name: SMITH, CHARLES J  
Address: 9671 SW 190 AVENUE ROAD  
City-St-Zip: DUNNELLON, FL 34432

Title: D  
Name: MCBRIDE, ROBIN S  
Address: 1720 SE 11TH STREET  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. SMITH

VPSD

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date