2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 545137

1. Entity Name
GROVER ROBINSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2268 LA VISTA AVE. PENSACOLA, FL 32504 US	2268 LA VISTA AVE. PENSACOLA, FL 32504 US

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1769266		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, GROVER C IV
2268 LA VISTA AVE
PENSACOLA, FL 32504

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00 | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, GROVER C IV
STREET ADDRESS	2268 LAVISTA AVE
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
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CITY-ST-ZIP	

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02/28/08-80038-019 150.00

DO NOT WRITE IN THIS SPACE

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: _____   2/18/08   (850) 433-8261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #