

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001726

Entity Name: C ROBINSON ASSOCIATES, INC.

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1431 RIVER PLACE BLVD  
UNIT 1810  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1431 RIVER PLACE BLVD  
UNIT 1810  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-0754005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, CONCHITA  
1431 RIVER PLACE BLVD  
UNIT 1810  
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

**OFFICERS AND DIRECTORS:**

Title: CPST  
Name: ROBINSON, CONCHITA  
Address: 1431 RIVER PLACE BLVD, UNIT 1810  
City-St-Zip: JACKSONVILLE, F; 32207

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: CONCHITA ROBINSON

CEO

06/14/2011

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

\_\_\_\_\_  
Date