## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H42317

FILED Jul 02, 2007 Secretary of State

Entity Name: G. W. ROBINSON CONSTRUCTION, INC.

| Current Principal Place of Business:                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | New Principal Place                                                                                                               | New Principal Place of Business:                                                                         |                                                        |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 6208 NW<br>GAINESV                                                                                                  | 43RD ST<br>ILLE, FL 32653                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                          |                                                        |
| Current N                                                                                                           | /lailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :                                                                                                                                 | New Mailing Addres                                                                                       | ss:                                                    |
| 6208 NW<br>GAINESV                                                                                                  | 43RD ST<br>ILLE, FL 32653                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                          |                                                        |
| FEI Numbei                                                                                                          | r: 59-2464950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEI Number Applied For ( )                                                                                                        | FEI Number Not Applicable ( )                                                                            | Certificate of Status Desired ( )                      |
| Name and                                                                                                            | d Address of Cเ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rrent Registered Agent:                                                                                                           | Name and Address                                                                                         | of New Registered Agent:                               |
| ROBINSC<br>6208 NW<br>GAINESV                                                                                       | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | US                                                                                                                                |                                                                                                          |                                                        |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bmits this statement for the p                                                                                                    | purpose of changing its register                                                                         | ed office or registered agent, or both,                |
| in the Stat                                                                                                         | e oi Fiorida.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                          |                                                        |
| in the Stat<br>SIGNATU                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                                                                                          |                                                        |
|                                                                                                                     | RE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature of Registered Ag                                                                                                        | ent                                                                                                      | Date                                                   |
| SIGNATU<br>In accordar                                                                                              | RE: Electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature of Registered Ag<br>2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ).                                 |                                                                                                          | Date                                                   |
| SIGNATU<br>In accordar<br>Election Ca                                                                               | RE: Electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2)(b), F.S., the corporation did norms Fund Contribution ( ).                                                                     | ot receive the prior notice.                                                                             | Date GES TO OFFICERS AND DIRECTORS                     |
| SIGNATU In accordar Election Ca OFFICER Title: Name: Address:                                                       | Electronic  Electronic  nce with s. 607.193( impaign Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2)(b), F.S., the corporation did no frust Fund Contribution ( ).  ORS:  Pelete                                                    | ot receive the prior notice.                                                                             |                                                        |
| SIGNATU<br>In accordar<br>Election Ca                                                                               | Electronic Electronic Three with s. 607.193( Electronic Three with s. 607.193( Electronic Three with s. 607.193( Electronic Three Electronic T | 2)(b), F.S., the corporation did not rust Fund Contribution ( ).  ORS: Delete  TREET Delete EM TREET                              | ot receive the prior notice.  ADDITIONS/CHANG  Title:  Name:  Address:                                   | SES TO OFFICERS AND DIRECTORS                          |
| In accordar<br>Election Ca<br>OFFICER<br>Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address: | Electronic  Electronic  Conce with s. 607.193( Compaign Financing of the second of the | 2)(b), F.S., the corporation did no frust Fund Contribution ( ).  ORS:  Delete  TREET  Delete  MTREET  TREET  Collete  AY  STREET | ot receive the prior notice.  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: | GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition |

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: GLENDA G CAIN V 07/02/2007