2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42325

CAIN, GLENDA G

GAINESVILLE, FL 32653

6208 NW 43 ST

Name:

Address: City-St-Zip:

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

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6208 NW 43RD ST GAINESVILLE, FL 32653 **Current Mailing Address: New Mailing Address:** 6208 NW 43RD ST GAINESVILLE, FL 32653 FEI Number: 59-2501275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, G. W. 6208 NW 43TH ST GAINESVILLE, FL 32653 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROBINSON, G.W., Name: Name: 3915 NW 75TH STREET Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: Title: () Change () Addition () Delete ROBINSON, KATE M., Name: Name: 3915 NW 75TH ST Address: Address: GAINESVILLE, FL City-St-Zip: City-St-Zip: () Delete Title: Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GLENDA G. CAIN V 01/14/2009