

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62337

FILED
Jan 16, 2009
Secretary of State

Entity Name: ROBINSON & ROBINSON ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

450 COX RD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 236726
COCOA, FL 329236726 US

New Mailing Address:

FEI Number: 59-2539643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ROBERTTA M.
450 COX ROAD
COCOA, FL 32926 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROBINSON, ROBERTTA M.
Address: 460 SNUG HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: P () Delete
Name: MICHAEL W. HILL,
Address: 1110 S. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP () Delete
Name: JEREMY D. LANGENECK,
Address: 800 POINSETTA DRIVE #4
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: CEO () Delete
Name: ROBINSON, JOHN A CEO
Address: 460 SNUG HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: CFO () Delete
Name: ROBINSON, ROBERTTA M CFO
Address: 460 SNUG HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTTA M. ROBINSON

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date