

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56688

Entity Name: W & R ROBINSON, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4514 PALM BEACH BLVD
FT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

1303 MARTIN ST.
PASCAGOULA, MS 39581 US

New Mailing Address:

FEI Number: 69-0095359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMDEN, ROBERT
4485 TICE ST
FT MYERS, FL 33905 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: PVD () Delete
Name: ROBINSON, W.J.
Address: 5 PALLISTER ROAD
City-St-Zip: WHEELING, WV 26003

Title: STD () Delete
Name: ROBINSON, ROBERT M.
Address: 228 CARMEL RD
City-St-Zip: WHEELING, WV 26003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT M ROBINSON

STD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date