


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L23672 1. Entity Name ROBINSON BAIL BONDING AGENCY, INC.	
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Principal Place of Business 320 S PINE STREET LIVE OAK, FL 32064 US	Mailing Address ROBINSON BAIL BONDING AGENCY INC P.O. BOX 1480 LIVE OAK, FL 32064 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3004116	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, JOHN L. 9838 CR 49 LIVE OAK, FL
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD ROBINSON, JOHN L. 9838 CR 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROBINSON, CRYSTAL 9838 CR 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, JOHN JR. 1842 W. 2ND ST. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, JAMES M. P.O. BOX 1480 N/A LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/04-80037-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Robinson John L. Robinson 01-14-04 386-362-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #