2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L23672

1. Entity Name
ROBINSON BAIL BONDING AGENCY, INC.

Principal Place of Business	Mailing Address
320 S PINE STREET LIVE OAK, FL 32064 US	ROBINSON BAIL BONDING AGENCY INC P.O. BOX 1480 LIVE OAK, FL 32064 US

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3004116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$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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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Jr 01-18-05 386 362-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #