

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # L23672 1. Entity Name ROBINSON BAIL BONDING AGENCY, INC.	
---	---

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
--	--



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

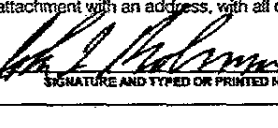
U000000603563
01/29/07-80017-024 158.75

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, PRESIDENT

01-22-07 386-362-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #