


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L23672</b> 1. Entity Name <b>ROBINSON BAIL BONDING AGENCY, INC.</b>	
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Principal Place of Business <b>320 S PINE STREET LIVE OAK, FL 32064 US</b>	Mailing Address <b>ROBINSON BAIL BONDING AGENCY INC P.O. BOX 1480 LIVE OAK, FL 32064 US</b>
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>ROBINSON, JOHN L. 9838 CR 49 LIVE OAK, FL</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

<p>U00000795191 01/28/08-80039-001 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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** **01-22-08 386-362-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #