

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23672

FILED
Mar 18, 2009
Secretary of State

Entity Name: ROBINSON BAIL BONDING AGENCY, INC.

Current Principal Place of Business:

320 S PINE STREET
LIVE OAK, FL 32064 US

New Principal Place of Business:

320 S. PINE STREET
LIVE OAK, FL 32064 US

Current Mailing Address:

ROBINSON BAIL BONDING AGENCY INC
P.O. BOX 1480
LIVE OAK, FL 32064 US

New Mailing Address:

ROBINSON BAIL BONDING AGENCY, INC.
P.O. BOX 1480
LIVE OAK, FL 32064 US

FEI Number: 59-3004116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, JOHN L.
9838 CR 49
LIVE OAK, FL US

Name and Address of New Registered Agent:

ROBINSON, JOHN L.
9838 COUNTY ROAD 49
LIVE OAK, FL 32060 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ROBINSON, JOHN L.,
Address: 9838 CR 49
City-St-Zip: LIVE OAK, FL 32060

Title: VSD () Delete
Name: ROBINSON, CRYSTAL,
Address: 9838 CR 49
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: ROBINSON, JOHN JR.
Address: 1842 W. 2ND ST.
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: ROBINSON, JAMES M.
Address: P.O. BOX 1480 N/A
City-St-Zip: LIVE OAK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: ROBINSON, JOHN L.,
Address: 9838 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060

Title: VSD (X) Change () Addition
Name: ROBINSON, CRYSTAL,
Address: 9838 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change () Addition
Name: ROBINSON, JOHN JR.
Address: 1842 W. 2ND STREET
City-St-Zip: LIVE OAK, FL 32064

Title: D (X) Change () Addition
Name: ROBINSON, JAMES M.
Address: P.O. BOX 1480
City-St-Zip: LIVE OAK, FL 32064

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: JOHN L. ROBINSON

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date