

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23672

FILED
Mar 23, 2011
Secretary of State

Entity Name: ROBINSON BAIL BONDING AGENCY, INC.

Current Principal Place of Business:

320 S W PINE AVE
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 SR
9838 COUNTY ROAD 49
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: ROBINSON, JOHN L SR
Address: 9838 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: VSD
Name: ROBINSON, CRYSTAL
Address: 9838 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: D
Name: ROBINSON, JOHN JR
Address: 320 SW PINE AVE
City-St-Zip: LIVE OAK, FL 32064 US

Title: D
Name: ROBINSON, JAMES M
Address: P.O. BOX 1480
City-St-Zip: LIVE OAK, FL 32064 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN L ROBINSON SR

PCD

03/23/2011

Electronic Signature of Signing Officer or Director

Date