


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L47679 1. Entity Name ROBINSON MOTOR SPORTS, INC.	
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Principal Place of Business 365 STAN DR 102 WEST MELBOURNE, FL 32904-1041 US	Mailing Address 365 STAN DR 102 WEST MELBOURNE, FL 32904-1041 US
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0173058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MICHAEL R.
2661 FOX RUN TRIAL
W MELBOURNE, FL 32904

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, MICHAEL R. 2661 FOX RUN TRAIL MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROBINSON, MICHAEL R. 2661 FOX RUN TRAIL MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, CATHERINE M 2661 FOX RUN TRL MELBOURNE, FL 32904
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03/26/08-80048-023 150.00

**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:  3-6-08 321 674-5003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #