


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M69495</b>	
1. Entity Name J.R. ROBINSON, INC.	

Principal Place of Business 3210 N WICKHAM ROAD STE 5 MELBOURNE, FL 32935 US	Mailing Address 3210 N WICKHAM ROAD STE 5 MELBOURNE, FL 32935 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBINSON, JOANN C  
3210 N WICKHAM ROAD #5  
MELBOURNE, FL 32935

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: Joann C. Robinson Joann C. Robinson Secy/Treas 1-21-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JACKY R. 3210 N WICKHAM ROAD #5 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOANN C. 3210 N WICKHAM ROAD #5 MELBOURNE, FL 32935
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joann C. Robinson Joann C. Robinson Secy/Treas 1-21-05 407/808-9805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #