

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # P00000081359

1. Entity Name

EDWARD P. ROBINSON JR. REAL ESTATE, P.A.



Principal Place of Business

12966 HUNTLEY MANOR DRIVE
JACKSONVILLE, FL 32224

Mailing Address

12966 HUNTLEY MANOR DRIVE
JACKSONVILLE, FL 32224



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3665403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, EDWARD P JR
13147 JOHNS ISLAND CT
JACKSONVILLE, FL 32224

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000886407
04/18/08 90054 018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, EDWARD P JR
STREET ADDRESS 12996 HUNTLEY MANOR DR
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D
NAME ROBINSON, MYRLE V
STREET ADDRESS 12996 HUNTLEY MANOR DR
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.08

Date

904-610-3740

Daytime Phone #