



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90020 021 \*\*\*150.00

DOCUMENT # P00000112624					
<b>1. Entity Name</b> ROBINSON ELECTRIC OF S.W. FLORIDA, INC.					
<b>Principal Place of Business</b> 4055 TAMiami TR STE 34 PORT CHARLOTTE, FL 33952			<b>Mailing Address</b> 4055 TAMiami TR STE 34 PORT CHARLOTTE, FL 33952		
<b>2. Principal Place of Business - No P.O. Box #</b> 18865 McGRATH CIRCLE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 18865 McGRATH CIRCLE Suite, Apt. #, etc.			
<b>City &amp; State</b> Port CHARLOTTE, FL Zip 33948 Country USA		<b>City &amp; State</b> Port CHARLOTTE, FL Zip 33948 Country USA		01122008 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> 59-3693505				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROBINSON, MICHAEL F SR 4055 TAMiami TR STE 34 PORT CHARLOTTE, FL 33952			<b>7. Name and Address of New Registered Agent</b> Name MICHAEL F. ROBINSON - SR. Street Address (P.O. Box Number is Not Acceptable) 18865 McGRATH CIRCLE City Port CHARLOTTE FL Zip Code 33948		
<b>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.</b> SIGNATURE <u>Michael F. Robinson</u> DATE <u>2-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME ROBINSON, MICHAEL F SR STREET ADDRESS 4055 TAMiami TR STE. 34 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 18865 McGRATH CIRCLE STREET ADDRESS PORT CHARLOTTE, FL 33948 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Michael F. Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-18-08 941-628-3332 <small>Date Daytime Phone #</small>		