

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000013154

1. Entity Name
ROBINSON'S BUSINESS'S INC.



Principal Place of Business
**4780 WEST US HWY 90
LAKE CITY, FL 32035**

Mailing Address
**P.O.BOX 1521
LIVE OAK, FL 32064**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696727	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, NELSON A
9862 COUNTY RD 49
LIVE OAK, FL 32060**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, NELSON A
STREET ADDRESS	9862 COUNTY RD 49
CITY - ST - ZIP	LIVE OAK, FL 32060

TITLE	TD
NAME	ROBINSON, TAMI L
STREET ADDRESS	9862 COUNTY RD 49
CITY - ST - ZIP	LIVE OAK, FL 32060

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/03/06-80022-018 150.00

**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: _____

NELSON A. ROBINSON,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

01-25-06 (386) 364-1832

Date

Daytime Phone #