2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013154

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 13 AM 9:40

01/25/08 90035 038 150.00

Principal Place of Business	Mailing Address
4780 WEST US HWY 90 LAKE CITY, FL 32035	P.O.BOX 1521 LIVE OAK, FL 32064

DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	8/13/08

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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, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #