

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000117104

1. Entity Name
ROBINSON INVESTMENT CORPORATION



**FILED
Mar 11, 2005 8:00 am
Secretary of State**

03-11-2005 90311 042 ***150.00

20001000



02042005 Chg-P CR2E034 (10/03)

Principal Place of Business

1150 BEACH RD APT 1M
INDIAN RIVER SHORES, FL 32963

Mailing Address

819 BEACHLAND BLVD
INDIAN RIVER SHORES, FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
819 BEACHLAND BLVD
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, AUDREY D
STREET ADDRESS 1150 BEACH RD APT 1M
CITY-ST-ZIP INDIAN RIVER SHORES, FL 32963

TITLE VPT
NAME ROBINSON, V JAMES JR
STREET ADDRESS 1202 BERGER PKWY STE 311
CITY-ST-ZIP EVERGREEN, CO 80439

TITLE P
NAME ROBINSON, JOHN H
STREET ADDRESS 10303 E DRY CREEK RD STE 400
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE S
NAME BOARDMAN, SALLY R
STREET ADDRESS 7827 BERGER AVENUE
CITY-ST-ZIP PLAYA DEL REY, CA 902937926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert R. Robinson 3/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #