

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90123 020 \*\*\*150.00

<b>DOCUMENT # P02000117104</b>	
1. Entity Name <b>ROBINSON INVESTMENT CORPORATION</b>	

Principal Place of Business <b>1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963</b>	Mailing Address <b>819 BEACHLAND BLVD INDIAN RIVER SHORES, FL 32963</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152007 Chg-P CR2E034 (12/06)

4. FEI Number <b>56-2349428</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>GARRIS, CHARLES E 819 BEACHLAND BLVD VERO BEACH, FL 32963</b>	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, V JAMES JR <input type="checkbox"/> Delete 1202 BERGER PKWY STE 311 EVERGREEN, CO 80439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JOHN H <input type="checkbox"/> Delete 10303 E DRY CREEK RD STE 400 ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOARDMAN, SALLY R <input type="checkbox"/> Delete 7827 BERGER AVENUE PLAYA DEL REY, CA 902937926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Robinson, V James Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2942 Evergreen Pkwy, Ste 400 Evergreen, CO 80439
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: V. James Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 303-674-3351  
Date Daytime Phone #