

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000118734

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** CALVIN ROBINSON REPAIR & MAINTENANCE, INC.

**Current Principal Place of Business:**

845 RANCH RD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1528  
QUINCY, FL 32353 15

**New Mailing Address:**

**FEI Number:** 02-0653665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, CALVIN  
845 RANCH RD  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, CALVIN  
Address: 845 RANCH RD  
City-St-Zip: QUINCY, FL 32351

Title: V  
Name: ROBINSON, DEANN  
Address: 845 RANCH RD  
City-St-Zip: QUINCY, FL 32351

Title: S  
Name: ROBINSON, DEANN  
Address: 845 RANCH RD  
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CALVIN ROBINSON

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date