

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081375

Entity Name: ROBINSON PLUMBING, INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

985 SW 35TH LANE  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

985 SW 35TH LANE  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 42-1602196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, ROBERT E  
985 SW 35TH LANE  
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROBINSON, ROBERT E  
Address: 985 SW 35TH LANE  
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: ROBINSON, SHARON  
Address: 985 SW 35TH LANE  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON ROBINSON

PRES

04/17/2007

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

\_\_\_\_\_  
Date