

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137185

1. Entity Name  
ROBISON WELDING, INC.



Principal Place of Business  
117 S.W. 13TH AVENUE  
BOYNTON BEACH, FL 33435

Mailing Address  
117 S.W. 13TH AVENUE  
BOYNTON BEACH, FL 33435

FILED

06 MAR 31 PM 12:45

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4272311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBISON, D.T.  
117 S.W. 13TH AVENUE  
BOYNTON BEACH, FL 33435

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROBISON, D.T.
STREET ADDRESS	117 S.W. 13TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	ROBISON, R
STREET ADDRESS	117 S.W. 13TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600070813126  
04/18/06--01043--006 \*\*\$5.00

600070813126  
04/18/06--01043--007 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten Signature]*

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: *D.T. Robison* D.T. ROBISON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

561-364-1086

Daytime Phone #