2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000025148

1. Entity Name

ROBINSON'S LANDSCAPING INC.



Principal Place of Business

1289 MAYTOWN RD OAK HILL, FL 32759 US Mailing Address

1289 MAYTOWN RD OAK HILL, FL 32759

US

FILED Apr 17, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

02162008 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0759274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, LAWRENCE 1289 MAYTOWN RD OAK HILL, FL 32759

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000903698 04/30/08-80056-012 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS ROBINSON, LAWRENCE 1289 MAYTOWN RD OAK HILL, FL 32759				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, MICHAEL 1289 MAYTOWN RD OAK HILL, FL 32759					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1008

386-745-2022