


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000121969 1. Entity Name ROBINSON FAMILY ENTERPRISES, INC.	
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Principal Place of Business 617 SOUTH HWY 17 SAN MATEO, FL 32187 US	Mailing Address 617 SOUTH HWY 17 SAN MATEO, FL 32187 US
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1539963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**ROBINSON, TERRY D
617 SOUTH HWY 17
SAN MATEO, FL 32187**

**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 _____ (NOTE: Registered Agent signature required when reappointing) 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	P ROBINSON, TERRY D 617 SOUTH HWY 17 SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JERRY D 617 SOUTH HWY 17 SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, LINDA S 617 SOUTH HWY 17 SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, MONICA N 617 SOUTH HWY 17 SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000666889
03/26/07-80006-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Monica N. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07
Date

Daytime Phone #