

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124836

Entity Name: AARON ROBINSON, INC.

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

440 N COURT STREET  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 596  
BRONSON, FL 32621

**New Mailing Address:**

FEI Number: 84-1663148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, AARON  
440 N COURT STREET  
BRONSON, FL 32621 US

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

ROBINSON, SUSAN J  
440 N COURT STREET  
BRONSON, FL 32621 US

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: SUSAN J ROBINSON

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROBINSON, AARON  
Address: 440 N COURT STREET PO BOX 596  
City-St-Zip: BRONSON, FL 32621 US

Title: VP  
Name: ROBINSON, AARON L II  
Address: 9590 NE 92ND PLACE PO BOX 1825  
City-St-Zip: BRONSON, FL 32621 US

Title: PR  
Name: ROBINSON, SUSAN  
Address: 440 N COURT STREET PO BOX 596  
City-St-Zip: BRONSON, FL 32621

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: SUSAN J ROBINSON

PRES

03/29/2011

Electronic Signature of Signing Officer or Director

Date