

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90117008 ***158.75

FILED P04000150795

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:54

DOCUMENT # P04000150795 1. Entity Name JAMES ROBINSON INC.			
Principal Place of Business 1432 MEDITERANIAN DRIVE #1A PUNTA GORDA, FL 33950 US		Mailing Address 1432 MEDITERANIAN DRIVE #1A PUNTA GORDA, FL 33950 US	
2. Principal Place of Business 1354 AQUI ESTA Suite, Apt. #, etc.		3. Mailing Address 1354 AQUI ESTA Suite, Apt. #, etc.	
City & State PUNTA GORDA, FL. Zip Country 33950 U.S.A.		City & State PUNTA GORDA, FL. Zip Country 33950 U.S.A.	
4. Filing Number 20-1834283		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, JAMES 1432 MEDITERANIAN DRIVE #1A PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name JAMES ROBINSON Street Address (P.O. Box Number is Not Acceptable) 1354 AQUI ESTA City PUNTA GORDA FL Zip Code 33950	
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 DATE 7-8-05 <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JAMES <input type="checkbox"/> Delete 1432 MEDITERANIAN DRIVE #1A PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1354 AQUI ESTA PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Date 7-8-05 Daytime Phone # 941-9165976	