

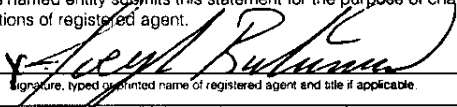
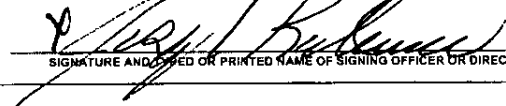


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90179 026 ***150.00

DOCUMENT # P05000108399 1. Entity Name ROBINSON LATHING INC																													
Principal Place of Business 4005 PALMETTO ST HIGHLAND CITY, FL 33846				Mailing Address P O BOX 1165 HIGHLAND CITY, FL 33846																									
2. Principal Place of Business 5703 Jessie Dr		3. Mailing Address 5703 Jessie Dr																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Bartow FL		City & State Bartow FL																											
Zip 33830		Country 		4. FEI Number 20-3254266																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent -																													
ROBINSON, JOSEPH 4005 PALMETTO ST HIGHLAND CITY, FL 33846																													
7. Name and Address of New Registered Agent																													
Name 																													
Street Address (P.O. Box Number is Not Acceptable) 																													
City 																													
State FL																													
Zip Code 																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
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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: 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date																													
Daytime Phone #																													