


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90185 044 \*\*\*150.00

DOCUMENT # P05000112209

1. Entity Name  
JAMES D. ROBINSON CONSTRUCTION CORP.



Principal Place of Business  
2654 SALAMANCA ST.  
NAVARRE FL 32566

Mailing Address  
2654 SALAMANCA ST.  
NAVARRE FL 32566



2. Principal Place of Business - No P.O. Box #  
JAMES D. ROBINSON CONST CORP  
Suite, Apt. #, etc.  
2654 SALAMANCA ST

3. Mailing Address  
JAMES D. ROBINSON CONST. CORP  
Suite, Apt. #, etc.  
2654 SALAMANCA ST.

City & State  
NAVARRE FL

City & State  
NAVARRE FL

Zip  
32566

Country  
SANTA ROSA

Zip  
32566

Country  
SANTA ROSA

1st MOORE CR2E034 (10/06)

4. FEI Number 51-0551838

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, JAMES D  
2654 SALAMANCA ST.  
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, JAMES D	
STREET ADDRESS	2654 SALAMANCA ST.	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, JOHN M T	
STREET ADDRESS	9115 EAGLES NEST RD.	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James D. Robinson JAMES D. ROBINSON 4/12/07 850 287-5145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #