

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000149937

1. Entity Name
E.L. ROBINSON ENGINEERING OF FLORIDA CO.



Principal Place of Business
1907 HWY. 44 WEST
INVERNESS, FL 34453

Mailing Address
1907 HWY. 44 WEST
INVERNESS, FL 34453



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-8062340

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAPUSTA, ROBERT JR.
100 2ND AVE. SOUTH, SUITE 701
ST. PETERSBURG, FL 33701

**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 reinstating)

3-18-08

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 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
DP
ROBINSON, EDWARD L
1230 OAKHURST DR.
CHARLESTON WEST, VA 25314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LANIGAN, WILLIAM C
218 SOUTH CENTRAL AVE.
INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
AMIN, PYUSH P
5088 WASHINGTON ST. WEST
CROSS LANES, VA 25313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000972159
04/10/08-80028-005 150.00

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

3-18-08

Date

Daytime Phone #