2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156308

Entity Name: CLARK OTIS ROBINSON, INC.

FILED May 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14180 METROPOLIS AVE FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

14180 METROPOLIS AVE 3201 32ND STREET SW FORT MYERS, FL 33912 LEHIGH ACRES, FL 33976

FEI Number: 20-8085942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBINSON, CLARK O
10021 FRENCH CREEK LANE
NORTH FORT MYERS, FL 33903 US
ROBINSON, CLARK O
3201 32ND STREET SW
LEHIGH ACRES, FL 33976 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: CLARK ROBINSON 05/04/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: ROBINSON, CLARK O Name: ROBINSON, CLARK O

Address: 10021 FRENCH CREEK LANE Address: 3201 32ND STREET SW City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: LEHIGH ACRES, FL 33976

Title: T () Delete Title: T (X) Change () Addition

Name:ROBINSON, MARISOLName:ROBINSON, MARISOLAddress:10021 FRENCH CREEK LANEAddress:3201 32ND STREET SWCity-St-Zip:NORTH FORT MYERS, FL 33903City-St-Zip:LEHIGH ACRES, FL 33976

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARK ROBINSON P 05/04/2009