

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 23, 2007 8:00 am  
Secretary of State**

04-23-2007 90094 022 \*\*\*150.00

DOCUMENT # P93000044399

1. Entity Name  
M. ROBINSON ACCOUNTING, INCORPORATED



Principal Place of Business  
2335 E BALDWIN RD  
PANAMA CITY, FL 32405 US

Mailing Address  
2335 E. BALDWIN ROAD  
PANAMA CITY, FL 32404 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3186305	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MICHAEL  
1518 BLUEGRASS LANE  
LYNN HAVEN, FL 32444

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

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PVT  
NAME ROBINSON, MICHAEL  
STREET ADDRESS 1518 BLUEGRASS LANE  
CITY - ST - ZIP LYNN HAVEN, FL 32444

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE S  
NAME ROBINSON, TAMELA D  
STREET ADDRESS 1518 BLUEGRASS LANE  
CITY - ST - ZIP LYNN HAVEN, FL 32444

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

Delete

TITLE

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 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:** *Michael Robinson, MICHAEL ROBINSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

18501769-2331

Date

Daytime Phone #