

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000032088

1. Entity Name
ROBINSON AUTOMOTIVE, INC.



Principal Place of Business
202 MCCLURE DRIVE
GULF BREEZE, FL 32561

Mailing Address
202 MCCLURE DRIVE
GULF BREEZE, FL 32561

34004865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3261816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL A
202 MCCLURE DRIVE
GULF BREEZE, FL 32561

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBINSON, DANIEL A
STREET ADDRESS 1337 WINDSOR PARK RD
CITY-ST-ZIP GULF BREEZE, FL 32561

Delete

TITLE V
NAME ROBINSON, JULIE
STREET ADDRESS 1337 WINDSOR PARK RD
CITY-ST-ZIP GULF BREEZE, FL 32561

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Julie Robinson Vice-Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 850 932-2142
Date Daytime Phone #