

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000101806**

1. Entity Name

ROBINSON MARKETING, INC.



Principal Place of Business

7004 GAINES COURT  
JACKSONVILLE FL 32217  
US

Mailing Address

7004 GAINES COURT  
JACKSONVILLE FL 32217  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, W A  
7004 GAINES COURT  
JACKSONVILLE FL 32217

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CEO  
ROBINSON, WILLIAM  
7004 GAINES COURT  
JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000470600  
03/28/06-80020-013 150.00 ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
ROBINSON, F VALERIE  
7004 GAINES COURT  
JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

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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:

*Wm. A. Robinson*