

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
 ROBINSON, INC.

Principal Place of Business
 7 DILLARD STREET
 WINTER GARDEN, FL 34787

Mailing Address
 7 S DILLARD STREET
 WINTER GARDEN, FL 34787



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAQUETTE, TODD TREAS
 12811 WEST COLONIAL DR.
 WINTER GARDEN, FL 34787

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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)

000000396954

01/30/06 80075-019 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

OFFICERS AND DIRECTORS

NAME	P D
NAME	KLAUZOWSKI, CATHERINE
STREET ADDRESS	12811 WEST COLONIAL DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
NAME	S T
NAME	PAQUETTE, TODD
STREET ADDRESS	12811 W COLONIAL DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Catherine Klauzowski* Catherine Klauzowski 1-19-06 407-509-7881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #