2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000012741

1. Entity Name
DON ROBINSON CONCRETE, INC.

Principal Place of Business	Mailing Address
6118 ALLEN LANE LAKELAND, FL 33811	6118 ALLEN LANE LAKELAND, FL 33811

01042606 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421520
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, DONALD
6118 ALLEN LANE
LAKELAND, FL 33811

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, DONALD
STREET ADDRESS	6118 ALLEN LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	T
NAME	ROBINSON, GAYLA
STREET ADDRESS	6118 ALLEN LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	V
NAME	ROBINSON, DUSTIN
STREET ADDRESS	4003 SUGAR CREEK LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	S
NAME	ROBINSON, AMANDA
STREET ADDRESS	6130 ALLEN LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000148634
03/09/06-80022-011 158.75

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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 Chapters 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: Amanda Robinson Amanda Robinson 2/24/06 863-647-2759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #