

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # P97000012741

**1. Entity Name
DON ROBINSON CONCRETE, INC.**



**Principal Place of Business
6118 ALLEN LANE
LAKELAND, FL 33811**

**Mailing Address
6118 ALLEN LANE
LAKELAND, FL 33811**



01082007 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**

**DO NOT WRITE
IN THIS SPACE**

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	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	

**DO NOT WRITE
IN THIS SPACE**

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05/03/07-80065-022 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amanda Robinson **Amanda Robinson** 4/24/07 863-647-2759