

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77301

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: ROBINSON FINANCIAL CENTER, INC.

**Current Principal Place of Business:**

P.O. BOX 439  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 439  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-0287280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, WILLIAM C  
6730 MOCCASIN WALLOW RD  
PALMETTO, FL 34222 US

**Name and Address of New Registered Agent:**

ROBINSON, WILLIAM C  
6730 MOCCASIN WALLOW RD  
PALMETTO, FL 34222 US

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.

SIGNATURE: WILLIAM C. ROBINSON

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBINSON, WILLIAM C.  
Address: 6720 RIVERVIEW BLVD W  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. ROBINSON

D

04/16/2004

Electronic Signature of Signing Officer or Director

Date