2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# P08000010812

Entity Name: PIGEON- ROBERTS ENTERPRISES, INC.

Current Principal Place of Business:

925 SE 17TH STREET
SUITE A
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

925 SE 17TH STREET
SUITE A
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-1890218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIGEON, CHUCK
925 SE 17TH STREET
SUITE A
OCALA, FL 34471 US

Name and Address of New Registered Agent:

PIGEON, CHUCK A
925 SE 17TH STREET
SUITE A
OCALA, FL 34471 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: CHUCK A. PIGEON 07/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIGEON, CHUCK
Address: 925 SE 17TH STREET SUITE A
City-St-Zip: OCALA, FL 34471 US

Title: VP ( ) Delete
Name: PIGEON, LINDA
Address: 925 SE 17TH STREET SUITE A
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete
Name: ROBERTS, KELLY
Address: 925 SE 17TH STREET SUITE A
City-St-Zip: OCALA, FL 34471 US

Title: TRES ( ) Delete
Name: ROBERTS, CAROLYN
Address: 925 SE 17TH STREET SUITE A
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIGEON, CHUCK A
Address: 925 SE 17TH STREET SUITE A
City-St-Zip: OCALA, FL 34471 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHUCK A. PIGEON P 07/23/2009
Electronic Signature of Signing Officer or Director Date