


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # 240074
 1. Entity Name
ROBERTS LUMBER COMPANY INC



Principal Place of Business P.O. DRAWER 1601 HIGHWAY 27 EAST PERRY, FL 32347-7601 US	Mailing Address P.O. DRAWER 1601 HIGHWAY 27 EAST PERRY, FL 32347-7601 US
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0908224	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
ROBERTS, JOSEPH R S/D
2639 JOHNSON STRIPLING RD
P.O. DRAWER 1601
PERRY, FL 32347-4601

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, JOSEPH R III JOHNSON STRIPLING RD PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, DAVID A 534 MANGUM CLOSE RD PERRY, FL
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 02/28/07-80076-011 150.00

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: Joseph R Roberts III Date: 2/15/07 850-584-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #