2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 476303

1. Entity Name
BOB ROBERTS INSURANCE, INC.

Principal Place of Business	Mailing Address
3201 N. FED HWY SUITE 200 FT. LAUDERDALE, FL 33306 US	P.O. BOX 8908 STE 200 FT. LAUDERDALE, FL 33310 US

DO NOT WRITE IN THIS SPACE

02232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1596106	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROBERT V
3201 N FEDERAL HWY
200
FORT LAUDERDALE, FL 33306

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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

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000457490
09/17/06- 80006-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, ROBERT V.
STREET ADDRESS	3201 N. FEDERAL HWY #200
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VTS
NAME	ROBERTS, ROBERT V., JR.
STREET ADDRESS	3201 NORTH FEDERAL HWY #200
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Robert V Roberts_   3-2-06   954-561-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #