


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90052 031 \*\*\*150.00

<b>DOCUMENT # 476303</b>	
1. Entity Name <b>BOB ROBERTS INSURANCE, INC.</b>	

Principal Place of Business <b>3201 N. FED HWY SUITE 200 FT. LAUDERDALE, FL 33306 US</b>	Mailing Address <b>P.O. BOX 8908 STE 200 FT. LAUDERDALE, FL 33310 US</b>
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**DO NOT WRITE IN THIS SPACE**

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1596106</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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: 	<b>Pres.</b>	<b>3/1/08</b>	<b>954-561-2220</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #