2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 493846
Entity Name
J. ROBERTS CONTRACTING, INCORPORATED

Principal Place of Business
HIGHWAY 20 EAST
P.O. BOX 188
HOSFORD, FL 32334

Mailing Address
HIGHWAY 20 EAST
P.O. BOX 188
HOSFORD, FL 32334

02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1683951
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, CHARLES W, III
15674 HALES PLACE PLANTATION ROAD
TALLAHASSE, FL 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000444075
03/06/06-80036-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, CHARLES W., III
STREET ADDRESS	15674 HALES PLACE PLANTATION ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	ROBERTS, GEORGE A.
STREET ADDRESS	HWY 20
CITY-ST-ZIP	HOSFORD, FL
TITLE	S
NAME	LESLIE, JERRY
STREET ADDRESS	3222 FOLEY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles W. Roberts 2/16/06 850-379-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #