

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550301

FILED
Mar 19, 2004
Secretary of State

Entity Name: ROBERSON ALLERGY & ASTHMA, INC.

Current Principal Place of Business:

1117 NORTH OLIVE AVE.
202
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

135 E MIRASOL DRIVE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1774000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, CLIVE E
135 EL MIRASOL DR.
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERSON, CLIVE E.,
Address: 135 EL MIRASOL DR
City-St-Zip: PALM BEACH, FL

Title: VD () Delete
Name: ROBERSON, CAROLYN,
Address: 135 EL MIRASOL DR
City-St-Zip: PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: CLIVE E ROBERSON

PD

03/19/2004

Electronic Signature of Signing Officer or Director

_____ Date