


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 550301 1. Entity Name ROBERSON ALLERGY & ASTHMA, INC. |  |
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|--|---|
| Principal Place of Business 1117 NORTH OLIVE AVE. 202 WEST PALM BEACH FL 33401 | Mailing Address 135 E MIRASOL DRIVE PALM BEACH FL 33480 |
|--|---|

| | | |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |



1st MOORE CR2E034 (10/04)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1774000 | 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 ROBERSON, CLIVE E 135 EL MIRASOL DR. PALM BEACH FL 33480 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 _____ 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|--------------------------|---------------------------------|
| TITLE | PD ROBERSON, CLIVE E. | <input type="checkbox"/> |
| NAME | ROBERSON, CLIVE E. | |
| STREET ADDRESS | 135 EL MIRASOL DR | |
| CITY - ST - ZIP | PALM BEACH FL | |
| TITLE | VD | <input type="checkbox"/> |
| NAME | ROBERSON, CAROLYN | |
| STREET ADDRESS | 135 EL MIRASOL DR | |
| CITY - ST - ZIP | PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Admin |
|---|--------------------|---------------------------------|--------------------------------|
| TITLE | 02/02/05-80065-024 | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Clive E. Roberson* 1-27-05 561 835 686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #