

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 001 \*\*\*150.00

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|---|--|--|--|
| <b>DOCUMENT # 610339</b><br>1. Entity Name<br><b>ROBERTLEY BUILDINGS, INC.</b>  |  |  |  |
| Principal Place of Business<br><b>270 BORMAN DR</b><br><b>MERRITT ISLAND, FL 32953 US</b>   |  | Mailing Address<br><b>270 BORMAN DRIVE</b><br><b>MERRITT ISLAND, FL 32953 US</b>   |  |
| 2. Principal Place of Business<br><b>5380 SAND LAKE DR</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>5380 SAND LAKE DR</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>MELBOURNE FL</b>   |  | City & State<br><b>MELBOURNE FL</b>  |  |
| Zip<br><b>32934</b>   |  | Zip<br><b>32934</b>  |  |
| Country   |  | Country  |  |
| 4. FEI Number<br><b>59-1887488</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>O'CONNELL, ROBERT J.</b><br><b>270 BORMAN DRIVE</b><br><b>MERRITT ISLAND, FL 32953</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5380 SAND LAKE DR</b><br>City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32934</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>  |  |  |  |
| TITLE PS <input type="checkbox"/> Delete<br>NAME <b>O'CONNELL, ROBERT J.</b><br>STREET ADDRESS <b>270 BORMAN DRIVE</b><br>CITY-ST-ZIP <b>MERRITT ISLAND, FL</b>   |  | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS <b>5380 SAND LAKE DR</b><br>CITY-ST-ZIP <b>MELBOURNE FL 32934</b>                 |  |
| TITLE V <input type="checkbox"/> Delete<br>NAME <b>O'CONNELL, SHIRLEY T</b><br>STREET ADDRESS <b>270 BORMAN DR</b><br>CITY-ST-ZIP <b>MERRITT ISLAND, FL</b>   |  | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS <b>5380 SAND LAKE DR</b><br>CITY-ST-ZIP <b>MELBOURNE FL 32934</b>                 |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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)(i), 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 807, 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. |  |  |  |
| <b>SIGNATURE:</b> <b>4-15-04 321-342-1919</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |