


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90332 025 \*\*\*150.00

<b>DOCUMENT # 635150</b>	
1. Entity Name <b>ROBERTS AND ROBERTS BROKERAGE, INC.</b>	

Principal Place of Business <del>2929 E LANGLEY OFFICE PK</del> <del>SUITE 103</del> <b>PENSACOLA, FL 32504</b>	Mailing Address <del>2929 E LANGLEY OFFICE PK</del> <del>SUITE 103</del> <b>PENSACOLA, FL 32504</b>
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2. Principal Place of Business - No P.O. Box # <b>1510 Airport Blvd</b>	3. Mailing Address <b>1510 Airport Blvd</b>
Suite, Apt. #, etc. <b>Suite 4</b>	Suite, Apt. #, etc. <b>Suite 4</b>

City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32504</b>	Zip <b>32504</b>
Country <b>USA</b>	Country <b>USA</b>

04222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1934210</b>	Applied For <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 <b>FREY, TIMOTHY D</b> <del>2929 E LANGLEY OFFICE PK</del> <del>SUITE 103</del> <b>PENSACOLA, FL 32504</b>	
<b>1510 Airport Blvd.</b> <b>Suite 4</b> <b>Pensacola, FL 32504</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FREY, TIMOTHY D 3457 BARKWOOD DRIVE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLIKAN, BOBBI J 3457 BARKWOOD DRIVE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Timothy D Frey** 4/24/08 850 478-5270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #