


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000002387</b> 1. Entity Name <b>ROBERTS RESORT PROPERTIES OF FLORIDA, INC.</b>	
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Principal Place of Business <b>3664 DAUPHIN STREET MOBILE, AL 36608</b>	Mailing Address <b>P.O. BOX 6217 MOBILE, AL 36660</b>
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-1035638</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>C.T. CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV ROBERTS, DAVID D JR. 4412 WINDING WAY MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTS, JOHN A JR. 102 HILLWOOD RD. MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTS, BEN T 4300 LAKEWOOD COURT MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WINDLE, BERNADETTE R 10795 SKI CHASTE LANE AXIS, AL 36505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINTER, SUE CATO 6609 SUGAR CREEK DR., N MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000234631 02/18/05-80029-007 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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.

**SIGNATURE:**  **1/25/05** **251.344.9220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**David D. Roberts, Jr.**