


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006047
 1. Entity Name
 MROBERTS PROTECTIVE AGENCY, INC.



Principal Place of Business Mailing Address
 13 SOUTH WILLIAM STREET 13 SOUTH WILLIAM STREET
 NEW YORK, NY 10004 NEW YORK, NY 10004

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5240158	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MROBERTS, MEREDITH 13 SOUTH WILLIAM STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, NANCY 13 SOUTH WILLIAM STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, MICHAEL 13 SOUTH WILLIAM STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHLUDZINSKI, JEFFREY J 13 SOUTH WILLIAM STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/12/04-80023-013 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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:  **JEFFREY J. CHLUDZINSKI, Secretary/Treasurer** 30 JUNE 04 212-425-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #