

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 018 ***158.75

DOCUMENT # F03000002388

1. Entity Name

ROBERTSON P & E, INC.



Principal Place of Business

4300 1ST AVENUE
NITRO WV 25143

Mailing Address

P.O. BOX 486
NITRO WV 25143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 54-1931187

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PCD ROBERTSON, GEORGE W JR. 4008 GLENVIEW DRIVE HURRICANE WV 25526 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | V EVANS, HARRY K 209 MANKIN AVENUE BECKLEY WV 25801 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PCD ROBERTSON, CINDY 4008 GLENVIEW DRIVE HURRICANE WV 25526 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | T ROBERTSON, EARL W 213 COINER STREET ST. ALBANS WV 25177 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |

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| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Vice President FRANK W. TYO HCL 61 Box 71 T FRAMETOWN, WV 24623 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 Section 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:

Earl W. Robertson

EARL W. ROBERTSON

01/23/07

304-755-6912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #