


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F56465 1. Entity Name ROBERTS' INTERIORS DESIGN, INC.	
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Principal Place of Business 310 FIRST STREET NE. RUSKIN, FL 33570 US	Mailing Address 310 FIRST STREET NE. RUSKIN, FL 33570 US
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DO NOT WRITE IN THIS SPACE



06012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2143057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, JANA L
1809 COLUMBINE PL.
SUN CITY CENTER, FL 33573**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing **\$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	PST ROBERTS, JANA L 1809 COLUMBINE PL. SUN CITY CENTER, FL 33573
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06/04/07-80002-004 150.00

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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:  **JANA L. ROBERTS** 5/31/07 813-641-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #