

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G20517**

1. Entity Name  
ROBERSON ROOFING, INC.



Principal Place of Business  
229 N ORCHARD ST  
ORMOND BEACH, FL 32174 US

Mailing Address  
229 N ORCHARD ST  
ORMOND BCH, FL 32174 US



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2250028

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERSON, JAMES A  
229 N ORCHARD ST  
ORMOND BCH, FL 32174

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE S  
NAME ROBERSON, JANINE M.  
STREET ADDRESS 23 EMERALD OAKS LANE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE P  
NAME ROBERSON, RICHARD E.  
STREET ADDRESS 23 EMERALD OAKS LANE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T  
NAME ROBERSON, DONNA  
STREET ADDRESS 9 MEADOWMIST CT.  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V  
NAME ROBERSON, JAMES, A  
STREET ADDRESS 9 MEADOWMIST CT.  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000378480  
01/09/06-80008-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*James A. Roberson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 3, 2006*  
Date

*386-672211*  
Daytime Phone #