


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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	



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2250028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000838323
03/05/08-80026-003 150.00

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	

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08 (386) 677-2211
X Date X Daytime Phone #