

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

112

**DOCUMENT # G86819**

1. Entity Name  
**ROBERTS CATAMARANS, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 28 PM 1:18

Principal Place of Business  
**2939 SW CORNELL AVE  
PALM CITY, FL 34990 US**

Mailing Address  
**P O BOX 1935  
PALM CITY, FL 34991 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

06292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2418894**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, BILL  
2939 SW CORNELL AVE  
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent

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 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	PST ROBERTS, BILL 2939 S.W. CORNELL AVENUE PALM CITY, FL 34990	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bill Roberts **Oct 23, 2004** 772 221 8494

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

11/2a

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Joseph R. Willis  
Certified Public Accountant  
2608 North Dixie Highway  
Suite 100  
West Palm Beach, FL 33407  
(561) 832-7401  
Fax (561) 832-7702

Roberts Catamarans, Inc.  
2939 SW Cornell Avenue  
Palm City, FL 34990

**Florida Corporation Annual Reports for 2004**

**SIGNATURE**

Sign, print your name and date the reports. Reports must be signed by  
Registered Agent

**FILING FEE**

\$ 150.00

**CHECKS PAYABLE TO**

Department of State

**MAIL REPORTS**

IN ATTACHED ENVELOPES

**MAIL PRIOR TO**

September 8, 2004

**TAXPAYER'S COPY**

Retain copies for your records.

**OTHER INSTRUCTIONS**

*Processing of this paper was delayed  
due to higher priorities associated  
with hurricanes Frances & Jeanne.*