


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H34997
 1. Entity Name
ROBERT AND COMPANY OF FLORIDA



Principal Place of Business: **96 POPLAR ST. NW ATLANTA, GA 30335**
 Mailing Address: **96 POPLAR ST. NW ATLANTA, GA 30335**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)
 4. FEI Number: **59-2469692** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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, 2004 Fee will be \$550.00**

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

000000150815
 05/04/04-80021-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV MAYS, R A 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEAF, JR P M 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BCEO KLUTTZ, M.K. 96 POPLAR ST. NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITMAN, SANDRA 96 POPLAR ST. NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT BEASLEY, L T 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Paul M. Leaf 4/29/04 404-577-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #