2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J19514

1. Entity Name ROBWAIT, INC.

FILED
Feb 14, 2004 08:00 AM
Secretary of State

Principal Place of Business

% WILLIAM C. WAITZMAN 3305 HWY. 77 NORTH PANAMA CITY, FL 32405-5008 Mailing Address

% WILLIAM C. WAITZMAN 3305 HWY. 77 NORTH PANAMA CITY, FL 32405-5008



DO NOT WRITE IN THIS SPACE

01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2684427 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAITZMAN, WILLIAM C. 3305 HWY. 77 NORTH PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

PANAMA CITY, FL 32401			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Pagistered)			d Agent signature required when reinstating)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000051645 02/16/04-80060-002 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, JEFFREY L. 5336 AIRPORT HWY BIRMINGHAM, AL	e e.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, J. SCOTT 5336 AIRPORT HWY BIRMINGHAM, AL				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D KERR, ELIZABETH W. 2809 CANTERBURY RD BIRMINGHAM, AL			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D CHAMBERS, MOLLY W. 8411 ENTERPRISE AVE TUSCALOOSA, AL			in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITZMAN, WILLIAM C. 3305 HWY 77 N PANAMA CITY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

SIGNA NATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

-22.04

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