



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90510 036 ***150.00

DOCUMENT # J22140 1. Entity Name ROBERTS ENTERPRISES, INC.					
Principal Place of Business 3234 N.E. 24TH ST. OCALA FL 34470 US			Mailing Address P.O. BOX 100 SILVER SPRINGS FL 34489 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HICKS, DANIEL 421 S. PINE AVE OCALA FL 34474			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, WILLIAM H JR		NAME		
STREET ADDRESS	P.O. BOX 142 N/A		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34489		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, NANCY		NAME		
STREET ADDRESS	P.O. BOX 142 N/A		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34489		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, BENJAMIN		NAME		
STREET ADDRESS	5151 SE 44TH RD		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		CITY-ST-ZIP		
TITLE	2V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, VERNON		NAME		
STREET ADDRESS	1132 SE 165TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		CITY-ST-ZIP		
TITLE	1V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, WILLIAM H III		NAME		
STREET ADDRESS	4580 S E 36TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date: 4/23/04 Daytime Phone #: 352-732-0888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					