

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # K46482

1. Entity Name

ROBERSON ENTERPRISES, INC.



Principal Place of Business

1121 N. HALIFAX
DAYTONA BEACH FL 32118
US

Mailing Address

1121 N. HALIFAX
DAYTONA BEACH FL 32118
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2917773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, JACK G JR
200 W FORSYTH ST
SUITE 1517
JACKSONVILLE FL 32202

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERSON, HELENE B.	
STREET ADDRESS	1121 N. HALIFAX	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROSS, KIMBALL K.	
STREET ADDRESS	1 OCEANS WEST BLVD 8B3	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HIPPE, STEVEN H	
STREET ADDRESS	8135 FORSYTH BLVD	
CITY - ST - ZIP	SAINT LOUIS MO 63105	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERSON, HELENE B	
STREET ADDRESS	1121 N HALIFAX	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000327602	
STREET ADDRESS	04/25/05-80045-007 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

Kimball K Ross, V.Pres
KIMBALL K ROSS

4-4-05

386-253-8400

Date

Daytime Phone #