

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # K68618
1. Entity Name
ROBERTS MAIL CONTRACTING, INC.



Principal Place of Business
**2593 NELSON STREET
AUBURNDALE, FL 33823-4816 US**

Mailing Address
**2593 NELSON STREET
AUBURNDALE, FL 33823-4816 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0094156 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIKKELSEN, LARS
2593 NELSON ST
AUBURNDALE, FL 33823**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

UN000001T2036
04/14/04-80005-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKKELSEN, LARS H 2593 NELSON ST. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MIKKELSEN, PENNY K 2593 NELSON ST. AUBURNDALE, FL 33823
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IN THIS SPACE**

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: Penny K. Mikkelson / Penny K. Mikkelson, VPST, Secy, Pres. 4/6/04 (813) 967-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #