
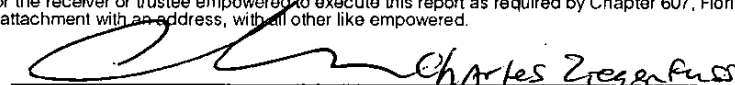


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90042 024 \*\*\*150.00

<b>DOCUMENT # K81169</b> 1. Entity Name <b>ROBERT/CHARLES BUILDERS, INC.</b>			
Principal Place of Business <b>4023 MAURICE DRIVE DELRAY FL 33345 US</b>		Mailing Address <b>4023 MAURICE DRIVE DELRAY FL 33445 US</b>	
2. Principal Place of Business <b>318 NE FIRST AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>318 NE FIRST AVE</b> Suite, Apt. #, etc.	
City & State <b>DeLray FL</b> Zip <b>33444</b>		City & State <b>DeLray FL</b> Zip <b>33444</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0120010</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZIEGENFUSS, CHARLES 708 NW 6TH ST BOCA RATON FL 33486</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>ZIEGENFUSS, ROBERT</b> STREET ADDRESS <b>4023 MAURICE DR</b> CITY-ST-ZIP <b>DELRAY BCH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE <b>DV</b> NAME <b>ZIEGENFUSS, ROBERT</b> STREET ADDRESS <b>110 DOLPHIN DRIVE</b> CITY-ST-ZIP <b>OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>ZIEGENFUSS, CHARLES</b> STREET ADDRESS <b>708 N.W. 6TH ST.</b> CITY-ST-ZIP <b>BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Charles Ziegenfuss</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1-24-05</b> Daytime Phone # <b>361-330-9882</b>	