

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90662 010 \*\*\*150.00

**DOCUMENT # L92120**

**1. Entity Name**

**MCROBERTS POOL FINISHING, INC.**



**Principal Place of Business**

**3815 N US #1  
UNIT #46  
COCOA FL 32926  
US**

**Mailing Address**

**4245 HESS AVE.  
COCOA FL 32926**

**94081041**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number 59-3035677**

Applied For  
Not Applicable

**Zip**

**Country**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**MCROBERTS, CHARLES M.  
4245 HESS AVE.  
COCOA FL 32926**

**7. Name and Address of New Registered Agent**

**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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ Delete  
**NAME** **MCROBERTS, CHARLES M.**  
**STREET ADDRESS** **4245 HESS AVE.**  
**CITY-ST-ZIP** **COCOA FL**

**TITLE** **VT** ☐ Delete  
**NAME** **MCROBERTS, JOYLYN P.**  
**STREET ADDRESS** **4245 HESS AVE.**  
**CITY-ST-ZIP** **COCOA FL**

**TITLE** **S** ☐ Delete  
**NAME** **MCROBERTS, SALLY**  
**STREET ADDRESS** **4257 HESS AVE.**  
**CITY-ST-ZIP** **COCOA FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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)(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:**

*Charles McRoberts* **CHARLES MCROBERTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-04**

Date

**321/632-0720**

Daytime Phone #