


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90388 011 \*\*\*150.00

<b>DOCUMENT # L92120</b> 1. Entity Name <b>MCROBERTS POOL FINISHING, INC.</b>					
Principal Place of Business <b>3815 N US #1 UNIT #46 COCOA, FL 32926 US</b>			Mailing Address <b>4245 HESS AVE. COCOA, FL 32926</b>		
2. Principal Place of Business <b>3935 N. US #1</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc.			
City & State <b>COCOA FL</b>		City & State			
Zip <b>32926</b>	Country <b>USA</b>	Zip	Country		
8. Name and Address of Current Registered Agent  <b>MCROBERTS, CHARLES M. 4245 HESS AVE. COCOA, FL 32926</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>Charles McRoberts, P.</i></u> <b>CHARLES MCROBERTS, P.</b> <span style="float: right;"><b>4-28-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCROBERTS, CHARLES M. 4245 HESS AVE. COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCROBERTS, JOYLYN P. 4245 HESS AVE. COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCROBERTS, SALLY 4257 HESS AVE. COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Joylyn McRoberts</i></u> <b>Joylyn McRoberts J.P.</b> <span style="float: right;"><b>4-28-06</b></span> <small>Signature and typed or printed name of signing officer or director</small>					