2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L92120

1. Entity Name
MCROBERTS POOL FINISHING, INC.

Principal Place of Business
3935 NORTH US 1
SUITE E
COCOA, FL 32926 US

Mailing Address
4245 HESS AVE.
COCOA, FL 32926

02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3035677

Applied For
Not Applicable

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

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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, 2008 Fee will be $550.00

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

U00000940114
05/28/08-80053-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCROBERTS, CHARLES M.
STREET ADDRESS	4245 HESS AVE.
CITY-ST-ZIP	COCOA, FL
TITLE	VT
NAME	MCROBERTS, JOYLYN P.
STREET ADDRESS	4245 HESS AVE.
CITY-ST-ZIP	COCOA, FL
TITLE	S
NAME	MCROBERTS, SALLY
STREET ADDRESS	4257 HESS AVE.
CITY-ST-ZIP	COCOA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joylyn P. McRoberts Joylyn P. McRoberts 4-28-08 (321) 632-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #