

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 029 ***150.00

DOCUMENT # M74236

1. Entity Name
ROBERTS AND ROBERTS, INCORPORATED



Principal Place of Business

22574 N.E. SR 20
HOSFORD, FL 32334 US

Mailing Address

P.O. BOX 189
HOSFORD, FL 32334

2. Principal Place of Business - No P.O. Box #
3372 Capital Circle NE

3. Mailing Address
P. O. Box 16279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

Zip
32308

Country
Leon

Zip
32317

Country
Leon

04022007 Chg-P CR2E034 (12/06)

4. FEI Number

59-2895927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. CRIT
3520 THOMASVILLE RD
TALLAHASSEE, FL 32308

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 *Charles W. Roberts, III* **Charles W. Roberts, III**

4/4/07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
ROBERTS, CHARLES W III
15674 HALES PLACE PLANTATION RD
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
ROBERTS, GEORGE
HIGHWAY 20 EAST
HOSFORD, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Roberts, George A
3510 Foxrun Blvd
Panama City Beach, FL 32408 ☒ Change ☐ Addition

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

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

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

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: *Charles W. Roberts, III* **Charles W. Roberts, III**

4/4/07

850-385-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #