

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90012 033 ***150.00

DOCUMENT # M90003

1. Entity Name

HAROLD ROBERTS CONSTRUCTION, INC.



Principal Place of Business

% HAROLD ROBERTS
2126 SE 11TH AVE.
CAPE CORAL FL 33990-4606

Mailing Address

P.O. BOX 100614
CAPE CORAL FL 33910

2. Principal Place of Business

628 SE 17TH ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 100614
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

CAPE CORAL

Zip
FL 33990

Country

City & State

CAPE CORAL

Zip
FL 33910

Country

4. FEI Number

65-0097781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROBERTS, HAROLD
2126 SE 11TH AVE.
CAPE CORAL, FL 33904

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ROBERTS, HAROLD
STREET ADDRESS 2126 SE 11TH AVE.
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ Delete
NAME ROBERTS, JOHN
STREET ADDRESS 2126 SE 11TH AVE.
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ Delete
NAME ROBERTS, HUGH
STREET ADDRESS 2126 SE 11TH AVE.
CITY-ST-ZIP CAPE CORAL 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 HAROLD ROBERTS ☒ Change ☐ Addition
NAME
STREET ADDRESS 628 SE 17TH ST.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE JOHN ROBERTS ☒ Change ☐ Addition
NAME
STREET ADDRESS 628 SE 17TH ST.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE HUGH ROBERTS ☒ Change ☐ Addition
NAME
STREET ADDRESS 628 SE 17TH ST.
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE ☐ Change ☐ Addition
NAME
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 exemptions contained in Section 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:

Harold Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

239-574-8303

Daytime Phone #