

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90025 049 \*\*\*150.00

**DOCUMENT # P00000024094**

1. Entity Name

ROBERT M. SHOFF, INC.



Principal Place of Business

1801 SARNO ROAD  
SUITE 2  
MELBOURNE, FL 32940

Mailing Address

6285 NORTH U.S. 1  
MELBOURNE, FL 32940

**54020252**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3631038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SCHOFF, ROBERT M  
6285 NORTH U.S. 1  
MELBOURNE, FL 32940

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPS  
SHOFF, ROBERT M  
STREET ADDRESS  
6285 NORTH U.S. 1  
CITY-ST-ZIP  
MELBOURNE, FL 32940

TITLE  
NAME  
T  
PARSLEY, ROXANNE M  
STREET ADDRESS  
6285 N US 1  
CITY-ST-ZIP  
MELBOURNE, FL 32940

TITLE  
NAME  
D  
SHOFF, ROSEMARY  
STREET ADDRESS  
6285 N US 1  
CITY-ST-ZIP  
MELBOURNE, FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Roxanne Parsley* Roxanne Parsley 3/17/04 3212546829