

FILED
Jul 18, 2005 8:00 am
Secretary of State

06-13-2005 90001 016 ***150.00
07-18-2005 90039 016 ***400.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3631038		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOFF, ROBERT M 6285 NORTH U.S. 1 MELBOURNE, FL 32940		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 _____ DATE _____ Signature: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-issuing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SHOFF, ROBERT M 6285 NORTH U.S. 1 MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARSLEY, ROXANNE M 6285 N US 1 MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOFF, ROSEMARY 6285 N US 1 MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 by 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: <i>Roxanne Parsley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/20/05 (321) 254-6829 Date Date the Principal	

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03202005 Chg-P CR2E034 (10/03)