

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040056

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** ROBERTS REFURBISHMENTS, INC.

**Current Principal Place of Business:**

16745 CAGAN CROSSING BLVD.,  
SUITE 102B-507  
CLERMONT, FL 34714

**New Principal Place of Business:**

9110 US HWY 192 WEST  
CLERMONT, FL 34711

**Current Mailing Address:**

16745 CAGAN CROSSING BLVD.,  
SUITE 102B-507  
CLERMONT, FL 34714

**New Mailing Address:**

9110 US HWY 192 WEST  
CLERMONT, FL 34711

**FEI Number:** 65-1008829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, DIANA  
16745 CAGAN CROSSING BLVD.,  
SUITE 102B-507  
CLERMONT, FL 34714 US

**Name and Address of New Registered Agent:**

ROBERTS, DIANA  
9110 US HWY 192 WEST  
CLERMONT, FL 34711 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/05/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, DIANA  
Address: 9110 US HWY 192 WEST  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANA J ROBERTS

Electronic Signature of Signing Officer or Director

MRS

01/05/2011

Date