


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90099 005 \*\*\*158.75

<b>DOCUMENT # P00000046093</b>	
1. Entity Name <b>ROBERTSON HOMES, INC.</b>	

Principal Place of Business <b>5190 HARKLEY RUNYAN ROAD ST. CLOUD, FL 34771</b>	Mailing Address <b>P.O. BOX 700031 ST. CLOUD, FL 34770-0031</b>
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2. Principal Place of Business <b>1700 E. IRLO BRONSON Highway</b>	3. Mailing Address <b>1700 E. IRLO BRONSON Highway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. CLOUD FL</b>	City & State <b>ST. CLOUD, FL</b>
Zip <b>34769</b>	Country <b>USA</b>
Zip <b>34769</b>	Country <b>USA</b>



07022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3644846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>X</b>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ROBERTSON, CHARLES B 5190 HARKLEY RUNYAN ROAD ST. CLOUD, FL 34771</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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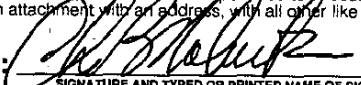
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, CHARLES B P.O. BOX 700031 ST. CLOUD, FL 347700031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, JUDITH A P.O. BOX 700031 ST. CLOUD, FL 347700031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTSON, STEVEN M 318 MASSACHUSETTS AVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>316 MASSACHUSETTS AVE.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 B. ROBERTSON** **7/2/04** **(407) 709-0292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #