

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000046093	
1. Entity Name ROBERTSON HOMES, INC.	
Principal Place of Business 1700 E. IRLO BRONSON HWY SAINT CLOUD, FL 34769	Mailing Address 1700 E. IRLO BRONSON HWY SAINT CLOUD, FL 34769



01072005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTSON, CHARLES B
5190 HARKLEY RUNYAN ROAD
ST. CLOUD, FL 34771

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, CHARLES B P.O. BOX 700031 ST. CLOUD, FL 347700031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, JUDITH A P.O. BOX 700031 ST. CLOUD, FL 347700031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTSON, STEVEN M 316 MASSACHUSETTS AVE. SAINT CLOUD, FL 34769
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**

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04/13/05-80105-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **CHARLES B. ROBERTSON** 4/6/05 407-897-8537

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