

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90033 020 \*\*\*158.75

**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**

**40058057**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3644846**

Applied For

Not Applicable

Zip

**34771**

Country

Zip

**34771**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 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 **PD** ☐ Delete  
NAME **ROBERTSON, CHARLES B**  
STREET ADDRESS **P.O. BOX 700031**  
CITY-ST-ZIP **ST. CLOUD, FL 347700031**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROBERTSON, JUDITH A**  
STREET ADDRESS **P.O. BOX 700031**  
CITY-ST-ZIP **ST. CLOUD, FL 347700031**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(407) 892-8537**