

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000026597 1. Entity Name ROEBUCK CAPITAL MANAGEMENT, INC.	
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Principal Place of Business 705 ARMADA ROAD NORTH VENICE, FL 34285	Mailing Address 705 ARMADA ROAD NORTH VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1084523	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROEBUCK, FRANK M JR. 705 ARMADA ROAD NORTH VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

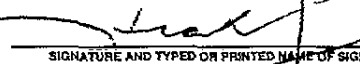
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ROEBUCK, FRANK M JR. 705 ARMADA ROAD NORTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHEELER, TRACI R 705 ARMADA ROAD NORTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROEBUCK, FRANK M III 705 ARMADA ROAD NORTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROEBUCK, MARY F 705 ARMADA ROAD NORTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000132398
04/27/04-80046-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	4/23/04 941-484-6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FRANK M. ROEBUCK JR