

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 14, 2007 08:00 AM  
Secretary of State

DOCUMENT # P01000026597

1. Entity Name  
ROEBUCK CAPITAL MANAGEMENT, INC.



Principal Place of Business  
705 ARMADA ROAD NORTH  
VENICE, FL 34285

Mailing Address  
705 ARMADA ROAD NORTH  
VENICE, FL 34285



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1084523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 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

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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 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

DO NOT WRITE  
IN THIS SPACE

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 empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/07

941-484-6689