

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000045798

1. Entity Name

KEN ROBERTSON RV CENTER, INC.



Principal Place of Business

8340 EPICENTER BOULEVARD
LAKELAND, FL 33809

Mailing Address

8340 EPICENTER BOULEVARD
LAKELAND, FL 33809



07022004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3715719

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000171440
09/02/04-80001-011 558.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTSON, KENNETH A
STREET ADDRESS 8340 EPICENTER BOULEVARD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE VSTD
NAME ROBERTSON, MELODIE A
STREET ADDRESS 8340 EPICENTER BOULEVARD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-04 863 984 8911