

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 050 ***150.00

DOCUMENT # P01000063917

1. Entity Name
ROBERTSON REALTORS, INC.



Principal Place of Business
**25241 ELEMENTARY WAY, STE. 202
BONITA SPRINGS, FL 34135**

Mailing Address
**25241 ELEMENTARY WAY, STE. 202
BONITA SPRINGS, FL 34135**

Elementary



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTSON, RITA
25241 ELEMENTARY WAY, STE. 202
BONITA SPRINGS, FL 34135**

**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

Rita Robertson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-05-04

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTSON, RITA
STREET ADDRESS	25241 ELEMENTARY WAY, STE. 202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
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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 exemption stated in Section 119.07(3)(i), 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:

Rita Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 498 6850