


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000076036**  
 1. Entity Name  
**E. ROBERTS, INC.**



Principal Place of Business      Mailing Address  
**404 DORCHESTER**      **404 DORCHESTER**  
**VENICE, FL 34293**      **VENICE, FL 34293**

**DO NOT WRITE IN THIS SPACE**



01082004      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**65-1125648**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REINICKE, STEPHANIE A ESQ**  
**1800 SECOND ST., STE. 803**  
**SARASOTA, FL 34236**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
signature typed or printed name of registered agent and fee if applicable (NOTE Registered Agent signature required when reinstating)

**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	ROBERTS, EVERETT
STREET ADDRESS	404 DORCHESTER DRIVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	ROBERTS, SHELLY
STREET ADDRESS	404 DORCHESTER DRIVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000012381  
 01/26/04-80007-004 150.00

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: Everett Roberts      Date: 1/21/04      Daytime Phone #: 941-356-390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR