


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90316 031 ***150.00

DOCUMENT # P01000094592			
1. Entity Name ROBERSON'S MECHANICAL SERVICES, INC.			
Principal Place of Business 653 RIVERWOODS TRAIL CHULUOTA FL 32766		Mailing Address PO BOX 660101 CHULUOTA FL 32766	
2. Principal Place of Business		3. Mailing Address 653 RIVERWOODS TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Chuluota, FL	
Zip 32766	Country USA		



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent ROBERSON, THOMAS H 653 RIVERWOODS TRAIL CHULUOTA FL 32766		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Signature, typed or printed name of registered agent and title if applicable</i>		DATE <i>(NOTE: Registered Agent signature required when re-registering)</i>	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERSON, THOMAS H 653 RIVERWOODS TRAIL CHULUOTA FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S/T ROBERSON, THOMAS H. 653 RIVERWOODS TRAIL CHULUOTA, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERSON, JANICE 653 RIVERWOODS TRAIL CHULUOTA FL 32766 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGEATH, TRACIE E 301 LAKE MILLS ROAD CHULUOTA FL 32766 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *T.H. Roberson* **T.H. Roberson** **4/21/06** **407-761-3880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #