

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000135510

1. Entity Name  
ROBERTS & SONS, P.A.



Principal Place of Business  
2879 MADISON ST  
MARIANNA, FL 32446

Mailing Address  
PO BOX 1544  
MARIANNA, FL 32447-1544

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1167449

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, RUSSELL S  
2879 MADISON ST  
MARIANNA, FL 32446

**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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	D ROBERTS, JOHN E 2879 MADISON ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JOHN Y 2879 MADISON ST MARIANNA, FL 32446
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01/09/06-80003-015 150.00

**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:** *Russell S. Roberts* - Russell S. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

Date

(850) 526-3865

Daytime Phone #