


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90022 015 \*\*\*150.00

<b>DOCUMENT # P03000142806</b> 1. Entity Name <b>CERAMICS BY ROBERT, INC.</b>																													
Principal Place of Business <b>4 ATLANTIC DRIVE PALM COAST FL 32137</b>			Mailing Address <b>4 ATLANTIC DRIVE PALM COAST FL 32137</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <b>20-8455148</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BEYRER, ROBERT J 4 ATLANTIC DRIVE PALM COAST FL 32137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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**66420534**



MOORE CR2E034 (11/03)

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SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

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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:

*Robert J. Beyrer*

President 4/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #