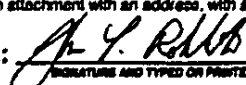


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 8:00 am
Secretary of State

04-08-2005 90045 033 ***150.00

DOCUMENT # P03000158342					
1. Entity Name JOHN ROBERTSON, INC.					
Principal Place of Business 202 S MOSS RD WINTER SPRINGS, FL 32708			Mailing Address 202 S MOSS RD WINTER SPRINGS, FL 32708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1663183	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MEWBOURNE, ANDREW KELLEY 324 W PINE ST WINTER GARDEN, FL 32787			7. Name and Address of New Registered Agent Name RHONDA HIGGINS Street Address (P.O. Box Number is Not Acceptable) 202 S MOSS RD City WINTER SPRINGS FL Zip Code 32708		
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: 4-20-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)					
FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVST ROBERTSON, JOHN C 202 S MOSS RD WINTER SPRINGS, FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deleted	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  JOHN C. ROBERTSON 4/03/05 407-435-9862 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					