

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000005716

1. Entity Name
ROBERTS DUMP TRUCK & TRACTOR INC



Principal Place of Business
**4220 DALRY DRIVE
JACKSONVILLE, FL 32246 US**

Mailing Address
**4220 DALRY DRIVE
JACKSONVILLE, FL 32246 US**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0560254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, RANDY
4220 DALRY DRIVE
JACKSONVILLE, FL 32246**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, RANDY
STREET ADDRESS	4220 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	ROBERTS, RANDY
STREET ADDRESS	4220 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	SECR
NAME	ROBERTS, RANDY
STREET ADDRESS	4220 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	TRES
NAME	ROBERTS, RANDY
STREET ADDRESS	4220 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	DIRE
NAME	ROBERTS, RANDY
STREET ADDRESS	4220 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/07-80004-024 150.00

**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: *X Randy Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-07

Date

Daytime Phone #