

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2005-90120-029-\$150.00-\$150.00

FILED

2005 SEP 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000087984					
1. Entity Name A & J ROBERSON TILE INC					
Principal Place of Business 1110 HOLLYWOOD LN LAKE LAND, FL 33809			Mailing Address 1110 HOLLYWOOD LN LAKE LAND, FL 33809		
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 ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERSON, ANGELA 1110 HOLLYWOOD LN LAKE LAND, FL 33809			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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROBERSON, ANGELA		NAME		
STREET ADDRESS	1110 HOLLYWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SOMMERVILLE, JAMES		NAME		
STREET ADDRESS	1110 HOLLYWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Angela Roberson</i>			4.29.05 863-670-8674		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

9/16/05