2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 8:00 am
Secretary of State
01-05-2005 90001 002 ***150.00

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01032005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000088159

1. Entity Name
ROBERSON TILE, INC.

Principal Place of Business	Mailing Address
~~110 NE 49TH AVE~~ ~~OCALA, FL 34470~~	~~P.O. BOX 1869~~ ~~INVERNESS, FL 34451~~

2. Principal Place of Business	3. Mailing Address
5911 NE 35th Street	5911 NE 35th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Springs FL	City & State: Silver Springs, FL
Zip: 34488 Country: USA	Zip: 34488 Country: USA

4. FEI Number: 55-0871128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERSON, TIMOTHY
~~110 NE 49TH AVE~~
~~OCALA, FL 34470~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 5911 NE 35th Street
City: Silver Springs, FL Zip Code: 34488

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: X Timothy A. Roberson 1-03-05
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, 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	D ROBERSON, TIMOTHY ~~110 NE 49TH AVE~~ ~~OCALA, FL 34470~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 5911 NE 35th Street Silver Springs, FL 34488 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Ross J. Goff 5911 NE 35th Street Silver Springs, FL 34488 ☐ 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)(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: X Timothy A. Roberson 1-03-05 352-208-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #