2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# P04000105237

Entity Name: ROBRY SERVICE AND MAINTENANCE, INC.

Current Principal Place of Business:

324 NW AVENS ST
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

324 NW AVENS ST
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

324 NW AVENS ST
PORT SAINT LUCIE, FL 34983

New Mailing Address:

324 NW AVENS ST
PORT SAINT LUCIE, FL 34983 US

FEI Number: 20-1367100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSALES, JUAN E OWNER
324 NW AVENS ST
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: ROSALES, JUAN E
Address: 324 NW AVENS ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: O ( ) Delete
Name: BRYSON-ROSALES, MARIA P OWNER
Address: 324 NW AVENS ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: O ( ) Delete
Name: ROSALES, JUAN E OWNER
Address: 324 NW AVENST ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: O ( ) Delete
Name: ROSALES, JUAN E OWNER
Address: 324 NW AVENST ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: O ( ) Delete
Name: ROSALES, JUAN E OWNER
Address: 324 NW AVENST ST
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: O ( ) Delete
Name: BRYSON-ROSALES, MARIA P OWNER
Address: 324 NW AVENST ST
City-St-Zip: PORT SAINT LUICE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: ROSALES, JUAN E O
Address: 324 NW AVENS ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA BRYSON - ROSALES O 04/05/2007
Electronic Signature of Signing Officer or Director Date