

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT-# P04000114406

1. Entity Name
ROBARE'S MORTGAGES & INVESTMENTS INC



Principal Place of Business
**330 SE 2ND AVENUE
C-1
DEERFIELD BEACH, FL 33441**

Mailing Address
**330 SE 2ND AVENUE
C-1
DEERFIELD BEACH, FL 33441**



DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2146473	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VIOLA, LAURIE J
1353 SE 7TH COURT
DEERFIELD BEACH, FL 33441**

**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's signature required when retreating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	LEWIS, ROBERT W JR
STREET ADDRESS	330 SE 2ND AVENUE C - 1
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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03/20/06-80052-021 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W.
Lewis, JR

3/1/06

Date

454-570-7171

Daytime Phone #