


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90037 016 ***150.00

DOCUMENT # P05000111565	
1. Entity Name J ROBERTSON AND ASSOCIATES, INC.	

Principal Place of Business 4540 PGA BLVD. 216 PALM BEACH GARDENS, FL 33418	Mailing Address 208 CYPRESS POINT DRIVE PALM BEACH GARDENS, FL 33418
---	--

50025232



07132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 2000 N. FLORIDA AVE	3. Mailing Address 1550 PALMLAND DRIVE
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State WEST PALM BEACH	City & State BOYNTON BEACH FL
Zip 33409	Country Palm Beach
Zip 33436	Country Palm Beach

4. FEI Number 20-346 4970	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ROBERTSON, JAMES E SR. 208 CYPRESS POINT DRIVE PALM BEACH GARDENS, FL 33418 <i>address change.</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1550 PALMLAND DRIVE City BOYNTON BEACH FL Zip Code 33436
---	---

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 <i>James E. Robertson Sr.</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 8/9/06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBERTSON, JAMES E SR. 208 CYPRESS POINT DRIVE PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES E. ROBERTSON SR. 1550 PALMLAND DRIVE BOYNTON BEACH, FL, 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>James E. Robertson Sr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8/9/06 Date Daytime Phone # 754-224-2481