
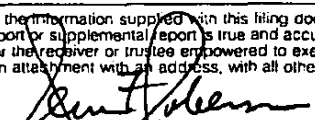


DOCUMENT # P05000152704				Secretary of State 02-15-2006 90048 023 ***150.00	
1. Entity Name ROBERSON AND SONS REAL ESTATE, INC.				2. Principal Place of Business 7320 BETA LN PENSACOLA FL 32504	
Principal Place of Business 7320 BETA LN PENSACOLA FL 32504		Mailing Address 7320 BETA LN PENSACOLA FL 32504		66004130 1st MOORE CR2E034 (10/05)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent ROBERSON, GLENN F 7320 BETA LN PENSACOLA FL 32504	
7. Name and Address of New Registered Agent		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 reinstating) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	ROBERSON, GLENN F				
STREET ADDRESS	7320 BETA LN				
CITY-ST-ZIP	PENSACOLA FL 32504				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CHRISTOPHER REYNOLDO				
STREET ADDRESS	1811 PARK TERRACE				
CITY-ST-ZIP	C/O CANTONMENT, FL. 32533				
TITLE	ROBERSON, GLENN F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	7320 BETA LN				
STREET ADDRESS	PENSACOLA, FL 32504				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  GLENN F. ROBERSON 1/25/06 (850) 478-0804					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Roberson-Glenn Home Estate

Officers:

ATTACHMENT

660004136

e/p

①

GLENN F. ROBERSON

#P05000152704

7320 BETH LN.

PENSACOLA, FL. 32504

Vice Pres.

②

CHRISTOPHER RESMONDO

1899 PENCE TERRACE

CANTONMENT, FL. 32533



ATTACHMENT
66004136

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

ROBERSON AND SONS REAL ESTATE, INC.
7320 BETA LN
PENSACOLA, FL 32504

Subject: **ROBERSON AND SONS REAL ESTATE, INC.**

Reference Number: **P05000152704**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION