


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000152704	
1. Entity Name ROBERSON AND SONS REAL ESTATE, INC.	

Principal Place of Business 7320 BETA LN PENSACOLA FL 32504	Mailing Address 7320 BETA LN PENSACOLA FL 32504
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2">ROBERSON, GLENN F 7320 BETA LN PENSACOLA FL 32504</td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>City</td> <td>FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		ROBERSON, GLENN F 7320 BETA LN PENSACOLA FL 32504		Name				Street Address (P.O. Box Number is Not Acceptable)								City	FL Zip Code
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		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 _____ 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ROBERSON, GLENN F			STREET ADDRESS			
CITY - ST - ZIP	7320 BETA LN PENSACOLA FL 32504			CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	RESMONDO, CHRISTOPHER			STREET ADDRESS			
CITY - ST - ZIP	1899 PEACE TERRACE CANTONMENT FL 32533			CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ROBERSON, GLENN F			STREET ADDRESS			
CITY - ST - ZIP	7320 BETA LN PENSACOLA FL 32504			CITY - ST - ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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04/25/07-80018-023 150.00

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 ROBERSON** 4/12/07 (880) 424-6628