

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000148217

1. Entity Name  
ROBERT & ALFRED INC



**FILED  
Mar 13, 2008 8:00 am  
Secretary of State**

03-13-2008 90030 032 \*\*\*150.00

40044353



03052008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5996897	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

Principal Place of Business 1650 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	Mailing Address C/O L WILDE, 969 SE FEDERAL HWY SUITE 400 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILBERT, ALFRED 2472 SW IMPORT DRIVE STUART, FL 34987		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: *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: *[Date]*

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE: P NAME: NOLL, ROBERT STREET ADDRESS: 312 ROCKWELL FARM LANE CITY-ST-ZIP: KNOXVILLE, TN 37934		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: GILBERT, ALFRED STREET ADDRESS: 2472 SW IMPORT DRIVE CITY-ST-ZIP: STUART, FL 34987		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 empowerments.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/6/08*

Daytime Phone #