


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90067 046 \*\*\*150.00

**DOCUMENT # P94000034784**  
 1. Entity Name  
**ROBERTSON-COTTON, INC.**

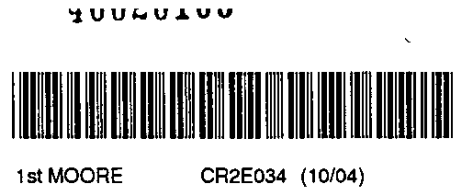


Principal Place of Business      Mailing Address  
**8596 ORANGE AVENUE**      **PO BOX 7548**  
**PENSACOLA FL 32534**      **PENSACOLA FL 32534**

2. Principal Place of Business      3. Mailing Address  
*2810 Copter Rd*      *PO Box 7548*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Pensacola FL*      *Pensacola FL*  
 Zip      Country      Zip      Country  
*32514*      *FL*      *32534*      *FL*

4. FEI Number      Applied For  
**59-3241877**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**ROBERTSON, WILSON B**  
**8596 ORANGE AVENUE**  
**PENSACOLA FL 32534**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*2810 Copter Rd.*  
 City *Pensacola*      **FL**      Zip Code *32514*

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTSON, WILSON B	
STREET ADDRESS	<del>8596 ORANGE AVENUE</del>	
CITY-ST-ZIP	<del>PENSACOLA FL 32534</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COTTON, C WAYNE	
STREET ADDRESS	517 DRACENA WAY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>2810 Copter Rd.</i>	
CITY-ST-ZIP	<i>Pensacola, FL 32514</i>	
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 exemption stated in Section 119.07(3)(i), 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: *Wayne Cotton*      **Wayne Cotton**      *2-14-05*      **850-476-7986**  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_