

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90016 010 ***150.00

DOCUMENT # P94000036439

1. Entity Name
WILLIAM ROBERTS, INC.



Principal Place of Business
1395 N.W. 17TH AVE.
STE. #112
DELRAY BEACH, FL 33445 US

Mailing Address
1395 N.W. 17TH AVE.
STE. #112
DELRAY BEACH, FL 33445 US

24077291



03182003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0504895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KATSCH, ROBERT
1395 NW 17TH AVE
SUTIE 112
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
KATSCH, ROBERT A
4321 NE 22ND AVE
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04

Date

561-276-9038

Daytime Phone #