# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2005**
**Secretary of State**

DOCUMENT# P94000046682

**Entity Name:** W. L. ROBERTS, INC.

**Current Principal Place of Business:**

HWY. 319 SOUTH
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number: 59-3251167** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, WALTER L
2721 COASTAL HWY.
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ROBERTS, WALTER L
Address: 2721 COASTAL HWY.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: ROBERTS, BEVERLY T
Address: P.O. BOX 730 N/A
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D ( ) Delete
Name: ROBERTS-ALLEN, LEANNE
Address: P.O. BOX 1636 N/A
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D ( ) Delete
Name: ROBERTS, KEVIN
Address: P.O. BOX 730 N/A
City-St-Zip: CRAWFORDVILLE, FL 32326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY ROBERTS VP 02/07/2005

Electronic Signature of Signing Officer or Director — Date