


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000024504**

1. Entity Name  
**3-ROBERTS CORPORATION**



Principal Place of Business      Mailing Address  
**5135 EAST FELBER RD.**      **5135 EAST FELBER RD.**  
**AVON PARK, FL 33825**      **AVON PARK, FL 33825**

**DO NOT WRITE IN THIS SPACE**



04202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3369492**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, JULIA H**  
**5135 EAST FELBER RD.**  
**AVON PARK, FL 33825**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, JULIA
STREET ADDRESS	5135 EAST FELBER RD.
CITY-ST-ZIP	AVON PARK, FL
TITLE	VP
NAME	ROBERTS SR, RICHARD C
STREET ADDRESS	5135 E FELBER ROAD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	ROBERTS JR, RICHARD C
STREET ADDRESS	4903 E FELBER ROAD
CITY-ST-ZIP	AVON PARK, FL 93382
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000137365  
 04/28/04-80035-022 150.00

**DO NOT WRITE 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)(f), 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:** *[Handwritten Signature]*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR