

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P96000082208

1. Entity Name
ROBERTS INVESTMENT GROUP, INC.



Principal Place of Business
**11213 CARROLLWOOD DR
TAMPA, FL 33618 US**

Mailing Address
**11213 CARROLLWOOD DR
TAMPA, FL 33618 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3404512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTS, DONALD W
11213 CARROLLWOOD DR
TAMPA, FL 33618**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, DONALD W
STREET ADDRESS	11213 CARROLLWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	V
NAME	ROBERTS, J. LINDSEY
STREET ADDRESS	11213 CARROLLWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	TS
NAME	ROBERTS, LINDA G
STREET ADDRESS	11213 CARROLLWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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:

Donald W Roberts Donald W. Roberts 1/14/2008 813-885-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #