

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90036 046 \*\*\*150.00

<b>DOCUMENT # P97000095851</b> 1. Entity Name <b>ROBERTS BUSINESS MACHINES, INC.</b>					
Principal Place of Business <b>160 B W OHIO AVE</b> <b>LAKE HELEN, FL 32744</b>			Mailing Address <b>160 B W OHIO AVE</b> <b>LAKE HELEN, FL 32744</b>		
2. Principal Place of Business <b>1031 MASON AVE</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>Daytona Beach</b>		Suite, Apt. #, etc.  			
City & State <b>FL</b>		City & State  		4. FEI Number <b>59-3505598</b>	
Zip <b>32117</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, DANE A</b> <b>160 B W OHIO AVE</b> <b>LAKE HELEN, FL 32744</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DANE A <del>724 W KICKLIGHTER RD</del> <del>LAKE HELEN, FL 32744</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, DANE A <del>724 W KICKLIGHTER ROAD</del> <del>LAKE HELEN, FL 32744</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURCH, MICHAEL H 411 S. HIGH STREET LAKE HELEN, FL 32744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULRONEY-BONNIE J 242 PLEASANT ST LAKE HELEN, FL 32744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1-03-06</b> Daytime Phone #: _____		