


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90036 037 \*\*\*150.00

**DOCUMENT # P98000001003**

1. Entity Name  
**ROBERT FLOYD ENTERPRISES, INC.**



Principal Place of Business  
**10 BLOSSOM WAY  
 PALM BEACH, FL 33480**

Mailing Address  
**10 BLOSSOM WAY  
 PALM BEACH, FL 33480**

2. Principal Place of Business  
**P.O. Box 2163**

3. Mailing Address  
**P.O. Box 2163**

Suite, Apt. #, etc.

City & State  
~~Palm Beach, FL~~

City & State  
~~Palm Beach, FL~~


Zip  
**33480**

Country  
**US**

Zip  
**33480**

Country  
**US**

**33014014**



01282004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0803248**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLOYD, MARIA  
 10 BLOSSOM WAY  
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name  
**Maria Floyd**

Street Address (P.O. Box Number is Not Acceptable)  
**106 North Flagler Promenade**

City  
**W. Palm Beach, FL**

Zip Code  
**33405**

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>FLOYD, ROBERT</b>	
STREET ADDRESS <b>10 BLOSSOM WAY</b>	
CITY-ST-ZIP <b>PALM BEACH, FL 33480</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FLOYD, MARIA</b>	
STREET ADDRESS <b>10 BLOSSOM WAY</b>	
CITY-ST-ZIP <b>PALM BEACH, FL-33480</b>	
TITLE <b>ST.</b>	<input type="checkbox"/> Delete
NAME <b>RANDOLPH, BLAKE C</b>	
STREET ADDRESS <b>1360 POST-OAK BLVD., SUITE 1900</b>	
CITY-ST-ZIP <b>HOUSTON, TX 77056</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>106 North Flagler Promenade</b>	
STREET ADDRESS <b>W. Palm Beach, FL 33405</b>	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>106 North Flagler Promenade</b>	
STREET ADDRESS <b>W. Palm Beach, FL 33405</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **2/16/04** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #