


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90065 046 ***150.00

DOCUMENT # P98000001003

1. Entity Name
ROBERT FLOYD ENTERPRISES, INC.



Principal Place of Business Mailing Address

P.O. BOX 2163 P.O. BOX 2163
 PALM BEACH, FL 33480 PALM BEACH, FL 33480

50014715



2. Principal Place of Business 3. Mailing Address

410 CUL **410 CUL**

Suite, Apt. #, etc. Suite, Apt. #, etc.

505 S FLAGLER DR #910 **505 S FLAGLER DR #910**

City & State City & State

WEST PALM BEACH FL **WEST PALM BEACH FL**

Zip Country Zip Country

33401 **USA** **33401** **USA**

02022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

FLOYD, MARIA
 106 NORTH FLAGLER PROMENADE
 WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

410 CUL

505 S FLAGLER DR #910

City State Zip Code

West Palm Beach **FL** **33401**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, ROBERT	
STREET ADDRESS	106 NORTH FLAGLER PROMENADE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLOYD, MARIA	
STREET ADDRESS	106 NORTH FLAGLER PROMENADE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	ST.	<input checked="" type="checkbox"/> Delete
NAME	RANDOLPH, BLAKE C	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1900	
CITY-ST-ZIP	HOUSTON, TX 77056	
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	Robert Floyd, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	410 CUL	
STREET ADDRESS	505 S FLAGLER DR #910	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP Maria Floyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	410 CUL	
STREET ADDRESS	505 S FLAGLER DR #910	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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: _____ DATE: **2/8/05** DAYTIME PHONE #: **561-301-47**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR