


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P98000001003 1. Entity Name ROBERT FLOYD ENTERPRISES, INC.	
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Principal Place of Business C/O CDL 505 SOUTH FLAGLER DRIVE #910 WEST PALM BEACH, FL 33401 US	Mailing Address C/O CDL 505 SOUTH FLAGLER DRIVE #910 WEST PALM BEACH, FL 33401 US
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03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0803248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC
 505 S. FLAGLER DRIVE, SUITE 1100
 WEST PALM BEACH, FL 33401

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, ROBERT 505 SOUTH FLAGLER DRIVE #910 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOYD, MARIA 505 SOUTH FLAGLER DRIVE #910 WEST PALM BEACH, FL 33401
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 03/30/07-80023-007 150.00

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 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 _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR