## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000035817** 

1. Entity Name

ROBERTSON REALTY & APPRAISING, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

410 NW 2ND ST OKEECHOBEE, FL 34972 Mailing Address

410 NW 2ND ST

OKEECHOBEE, FL 34972



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0991392 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, ROBERT G 410 NW 2ND ST OKEECHOBEE, FL 34972

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	named entity submits this statement for the plants of registered agent.	purpose of changing its registered	office or e	egistered agent, or bo	ith, in the State of Florida. I am familiar w	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE. Registered A	gent signaturi	e required when reinstating)	DATE	
FILE NOWIII 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	000000617769 02/08/07-80003006	150.00
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET AODRESS CITY-ST-ZIP	P ROBERTSON, ROBERT G 2370 S.W. 22ND CIR. OKEECHOBEE, FL 34974					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/3/107 763-163-850

Daytime Phone #