

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002211

Entity Name: PRESTON H. ROBERTS, INC.**Current Principal Place of Business:**3402 ACORN ST., STE 202
WILLIAMSBURG, VA 23188**Current Mailing Address:**3402 ACORN ST., STE 202
WILLIAMSBURG, NV 23188 US**FEI Number:** 74-3063900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name ROBERTS, PRESTON H.
Address 3402 ACORN ST., STE 202
City-State-Zip: WILLIAMSBURG VA 23188

Title TREASURER, CFO
Name CLEMENTS, DAVID A
Address 3402 ACORN ST., STE 202
City-State-Zip: WILLIAMSBURG VA 23188

Title SECRETARY, VP, DIRECTOR
Name ROBERTS, KAREN SNOWDEN
Address 3402 ACORN ST., STE 202
City-State-Zip: WILLIAMSBURG VA 23188

Title VP, DIRECTOR
Name ROBERTS, KIRKPATRICK S
Address 3402 ACORN ST., STE 202
City-State-Zip: WILLIAMSBURG VA 23188

Title VP, DIRECTOR
Name ROBERTS, KEVIN S
Address 3402 ACORN ST., STE 202
City-State-Zip: WILLIAMSBURG VA 23188

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PRESTON H. ROBERTS**PRESIDENT****04/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date