

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000006241

FILED
Apr 16, 2008
Secretary of State**Entity Name:** WARREN S. ROBERTS, INC.**Current Principal Place of Business:**3525 TOM MATTHEWS RD
LAKELAND, FL 33810 US**New Principal Place of Business:**3401 HENDERSON BLVD.
SUITE F
TAMPA, FL 33609 US**Current Mailing Address:**3525 TOM MATTHEWS RD
LAKELAND, FL 33810 US**New Mailing Address:**3401 HENDERSON BLVD.
SUITE F
TAMPA, FL 33609 US**FEI Number:** 59-3764729**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERTS, WARREN S
3525 TOM MATTHEWS RD
LAKELAND, FL 33810 US**Name and Address of New Registered Agent:**MARK J. AUBIN, ESQ., P.A.
3111 W. DR. MLK JR. BLVD.
SUITE 100
TAMPA, FL 33607 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: MARK J. AUBIN, ESQ., P.A.

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ROBERTS, WARREN S
Address: 3525 TOM MATTHEWS RD
City-St-Zip: LAKELAND, FL 33810**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: CROCKETT, ROBERT B
Address: 3401 HENDERSON BLVD., SUITE F
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT B. CROCKETT

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date