

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000006241

FILED
May 19, 2008
Secretary of State**Entity Name:** WARREN S. ROBERTS, INC.**Current Principal Place of Business:**3401 HENDERSON BLVD.
SUITE F
TAMPA, FL 33609 US**New Principal Place of Business:****Current Mailing Address:**3401 HENDERSON BLVD.
SUITE F
TAMPA, FL 33609 US**New Mailing Address:**3525 TOM MATTHEWS RD.
LAKELAND, FL 33810 US**FEI Number:** 59-3764729**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARK J. AUBIN, ESQ., P.A.
3111 W. DR. MLK JR. BLVD.
SUITE 100
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**DANIEL MEDINA, P.A.
902 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803 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: DANIEL MEDINA, PA

05/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROCKETT, ROBERT B
Address: 3401 HENDERSON BLVD., SUITE F
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ROBERTS, WARREN S
Address: P.O. BOX 93428
City-St-Zip: LAKELAND, FL 33804

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: WARREN S ROBERTS

DPST

05/19/2008

Electronic Signature of Signing Officer or Director

Date