2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J60288

1. Entity Name
J. LARRY ROBERTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2212 UMATILLA, FL 32784	P.O. BOX 2212 UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2770736
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JOHN L
19619 EAGLE VIEW CIR
UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (If/DTE Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, JOHN LARRY
STREET ADDRESS	19619 EAGLES VIEW CIRCLE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VPT
NAME	ROBERTS, DIANE
STREET ADDRESS	19619 EAGLE VIEW CIRCLE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	V
NAME	ROBERTS, KRISTA
STREET ADDRESS	19619 EAGLES VIEW CIRCLE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00UD0422682
02/17/06-80017-021 150.00

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: John L Roberts John L. ROBERTS 1/30/06 (352) 669-0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #