

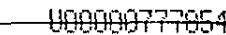
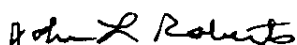


FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # J60288				Secretary of S	
1. Entity Name J. LARRY ROBERTS, INC.					
Principal Place of Business 19619 EAGLES VIEW CIRCLE UMATILLA, FL 32784		Mailing Address P.O. BOX 2212 UMATILLA, FL 32784			
DO NOT WRITE IN THIS SPACE					
		01042008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-2770736		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 01/10/08-80025-009 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
P ROBERTS, JOHN LARRY 19619 EAGLES VIEW CIRCLE UMATILLA, FL 32784					
VPT ROBERTS, DIANE 19619 EAGLE VIEW CIRCLE UMATILLA, FL 32784					
V ROBERTS, KRISTA 19619 EAGLES VIEW CIRCLE UMATILLA, FL 32784					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 1/4/08 907-948-7846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					