


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000024613 1. Entity Name JAMES LARUE ENTERPRISES INC.	
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Principal Place of Business 10512 106TH AVENUE NORTH LARGO FL 33773	Mailing Address 10512 106TH AVENUE NORTH LARGO FL 33773
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent LARUE, JAMES R 10512 106TH AVE N LARGO FL 33773	
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4. FEI Number 01-0629730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code

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: *James R Larue* *James R Larue* *4/21/08*

(Signature, typed or printed name of Street Agent and Title, if applicable.) (NOTE: Registered Agent signature required when submitting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete NAME: LARUE, JAMES STREET ADDRESS: 10512 106TH AVE N CITY-ST-ZIP: LARGO FL 33773
TITLE	NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James R Larue* *James R Larue* *4/21/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #