


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.



Principal Place of Business: **10512 106TH AVENUE NORTH LARGO FL 33773**
 Mailing Address: **10512 106TH AVENUE NORTH LARGO FL 33773**



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
**LARUE, JAMES R
 10512 106TH AVE N
 LARGO FL 33773**

4. FEI Number **01-0629730**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 stated 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: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LARUE, JAMES	10512 106TH AVE N	LARGO FL 33773	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #)