


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 025 ***550.00

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| DOCUMENT # P03000006241 |  |
| 1. Entity Name WARREN S. ROBERTS, INC. | |

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| Principal Place of Business POST OFFICE BOX 152779 TAMPA, FL 33684-2779 | Mailing Address POST OFFICE BOX 152779 TAMPA, FL 33684-2779 |
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| 2. Principal Place of Business 3523 TOM MATTHEWS ROAD | 3. Mailing Address 3523 TOM MATTHEWS ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |


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|--------------------------------------|--------------------------------------|
| City & State LAKELAND, FL. | City & State LAKELAND, FL. |
| Zip 33809 | Country |
| Zip 33809 | Country |



04052005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent SHAW, BILL M 550 N. REO STREET SUITE 300 TAMPA, FL 33609-1013 | |
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| 7. Name and Address of New Registered Agent Name WARREN S. ROBERTS Street Address (P.O. Box Number is Not Acceptable) 3523 TOM MATTHEWS ROAD City LAKELAND FL Zip Code 33809 | |
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| 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  | DATE 5/13/05 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, WARREN S 3523 TOM MATTHEWS ROAD LAKELAND, FL 33809 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | |
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| SIGNATURE:  | DATE | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |