


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000111716 1. Entity Name ROBERTS TRUCKING, INC.	
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Principal Place of Business 18901 NE STATE ROAD 335A WILLISTON, FL 32696	Mailing Address POST OFFICE BOX 4 WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1428146	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, JR., LARRY B 18901 NE STATE ROAD 335A WILLISTON, FL 32696

**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. (NOTE: Registered Agent signature required when reinstating) DATE

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROBERTS, JR., LARRY B 18901 NE STATE ROAD 335A WILLISTON, FL 32696
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02/29/08-80006-002 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 352/572-6868
Date Daytime Phone #