

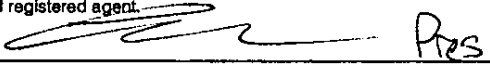
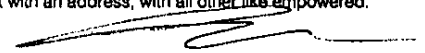


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90036 033 \*\*\*150.00

<b>DOCUMENT # P07000002693</b> 1. Entity Name <b>THE LAW OFFICES OF JOHN ROBERTS, P.A.</b>																																									
Principal Place of Business <b>1721 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b>			Mailing Address <b>1721 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b>																																						
2. Principal Place of Business - No P.O. Box # <b>785 W Granada Blvd</b> Suite, Apt. #, etc. <b>Suite 5</b> City & State <b>Ormond Beach, FL</b> Zip <b>32174</b> Country <b>US</b>		3. Mailing Address <b>785 W Granada Blvd</b> Suite, Apt. #, etc. <b>Suite 5</b> City & State <b>Ormond Beach, FL</b> Zip <b>32174</b> Country <b>US</b>																																							
4. FEI Number <b>51-0615831</b>				Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																									
6. Name and Address of Current Registered Agent  <b>ROBERTS, JOHN 1721 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b>			7. Name and Address of New Registered Agent Name <b>Roberts, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>785 W Granada Blvd, Suite 5</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>																																						
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  <b>Pres</b> DATE <b>1/31/08</b> <small>(NOTE: Registered Agent signature required when resigning)</small>																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">ROBERTS, JOHN</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">204 CONIFER LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">ORMOND BEACH, FL 32174</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">Change <input type="checkbox"/></td> <td style="width: 15%;">Addition <input checked="" type="checkbox"/></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">ROBERTS, LEWIS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">24 N PARK CIRCLE PALM COAST FL 32137</td> </tr> </table> </div> </div>						TITLE	D	Delete <input type="checkbox"/>	NAME	ROBERTS, JOHN	Delete <input type="checkbox"/>	STREET ADDRESS	204 CONIFER LANE					CITY-ST-ZIP	ORMOND BEACH, FL 32174					TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	ROBERTS, LEWIS					CITY-ST-ZIP	24 N PARK CIRCLE PALM COAST FL 32137				
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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.																																									
<b>SIGNATURE:</b>  DATE <b>1/31/08</b> DAYTIME PHONE # <b>386-677-9450</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									