

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000102902**

1. Entity Name  
**JANICE ROBERTS, INC.**



Principal Place of Business  
**913 SPRINGVILLE COURT  
 TAMPA, FL 33613**

Mailing Address  
**913 SPRINGVILLE COURT  
 TAMPA, FL 33613**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3612989** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIERRA, MICHAEL  
 SIERRA, GUSTAFSON & SIERRA  
 703 W SWANN AVE  
 TAMPA, FL 33606**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	HOFFMAN, DALE D
STREET ADDRESS	22174 PRATS RD.
CITY-ST-ZIP	ABITA SPRINGS, LA 70420
TITLE	VSD
NAME	ROBERTS, JANICE C
STREET ADDRESS	913 SPRINGVILLE COURT
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	PD
NAME	ROBERTS, DAVID
STREET ADDRESS	913 SPRINGVILLE CT
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/22/07-80054-021 150.00

**DO NOT WRITE  
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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.

SIGNATURE: Janice C. Roberts - Janice C. Roberts 1-15-07 813-264-0866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #