## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2006 08:00 AM Secretary of State

				Secretary of State		
DOCUMENT # P02000052625				}	Secreta	iry or State
1. Entity Name 3'S COMPANY ROUGHSTOCK, INC.						
3'S COM	PANY ROUGHSTOCK, INC.			}		
Principal Plac	ce of Business N	Aailing Address	<del></del>	1		
4265 CYPRE	ESS DR	4265 CYPRESS DR		}		
ST. CLOUD, I		ST. CLOUD, FL 34772				
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DO NOT WRITE IN THIS SPACE				01102006	No Chg-P	CR2E034 (11/05)
				4. FEI Numb	oer	(Applied Fo
				56-232		Not Applica
				5. Certificate	e of Status Desired	\$8.75 Additional
	6. Name and Address of Current Regi	stered Agent		<u> </u>	<del></del> ,	Fee Required
·	J. Harris and Abdulos of Gallon Roy.	o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.	-			
WILLIAMS, SCOTT 4265 CYPRESS DR ST. CLOUD, FL 34772				סמ	NOT W	RITE
31.000	50, PL 34/12		}	IN '	THIS SF	PACE
			}			
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8. The above the obligation	e named entity submits this statement for the tions of registered agent.	purpose of changing its registe	red office or registe	red agent, or bo	oth, in the State of Fic	prida. I am familiar with, and acc
		•				
SIGNATURE.	Signature, typed or printed name of registered agent and titl	a if applicable (NOTE Register	ed Agent signature require	đ wnen reinstating)	<del> </del>	DATE
<del></del>			<del>:</del>			<del>-</del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be ded to Fees	Tibuõõo	391020
After W	ay 1, 2006 Fee will be \$550.00	Troat Fond Commoduali	. <u>Li</u> Au	red to Lees	01/24/06-	80023-018 150.00
10.	OFFICERS AND DIRE	CTORS	_		<u> </u>	
TITLE	P		1	•		
NAME STREET ADDRESS	WILLIAMS, SCOTT 4265 CYPRESS DR		. •			
CITY-ST-ZIP	ST. CLOUD, FL 34772		- [			
TITLE	V		<del>: </del> ]			
NAME	PORTER, DAN B		1			
STREET ADDRESS	3395 N CANOE CREEK RD					
CITY-ST-ZIP	KENANSVILLE, FL 34739		· <b>I</b>			
TITLE	v	<del></del>	7			
NAME	FORDHAM, JOEL F		1			
STREET ADDRESS	2000 N KENANSVILLE RD		. [	$D \cap$	NOT W	DITE
CITY-ST-ZIP	KENANSVILLE, FL 34739			טע	NOT W	KUE
TITLE	}	<del></del>	1	IN	THIS SF	PACE
NAME			ł	114	11110 01	70 <u>L</u>
STREET ADDRESS	}		1			
CITY-ST-ZIP		<del></del>	4			
TITLE	}	- · · · · · · · · · · · · · · · · · · ·	ł	•		
NAME STREET ADDRESS	ĺ		1			

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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15-/06 Days

Daysme Phone #