2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300008 ROOTS, INC.	9922		02-06-2004 90035 017 *		
Principal Place of Business Mailing Address					WAR 12	
261 6TH STREET, SE NAPLES,, FL 34117		261 6TH STREET, SE NAPLES,, FL 34117			GLGOU	
2. Principal Place of Business 3		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004 Chg-P CR2E034 (10	/03)	
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Additional quired	
- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
PAULICH, SLACK & WOLFF, P.A. 801 ANCHOR RODE DRIVE SUITE 203 NAPLES, FL 34103				Street Address (P.O. Box Number is Not Acceptable)		
			Z (e)		Code	
Whites := 3-cc						
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.						
01-03-04						
SIGNATURE 0.0. O2-03-04 Signature fixed or printed recisioned agent and ritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees .						
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 11	
TITLE	PD	☐ Delete	TITLE			
NAME	JARVIS, DEAN		NAME	•		
STREET ADDRESS	261 6TH STREET, SE NAPLES, FL 34117		STREET ADORESS CITY-ST-ZIP		·	
TITLE	ST	□ Delete	TITLE	□ Ch	ange Addition	
NAME	JARVIS, SHIRLEY	LJ DUBLE	NAME:			
STREET ADDRESS	·		STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34117	(T) .	CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE .		☐ Delete	TITLE NAME	□ Ch	ange 🔲 Addition	
STREET ADDRESS		ر پرچو <u>مستندن ہ</u> ے یا مطابق در انتخاب ہے۔ انتخاب مستندن کے انتخاب ان	STREET ADDRESS"	and the second s		
CITY-ST-ZIP			C:TY-ST-ZIP			
TITLE		Delete	TITLE	□ Cr	ange 🔲 Addition	
NAME STREET ADORESS			NAME STREET ADDRESS			
CITY-ST-ZIP			C!TY-ST-ZIP			
TITLE		Delete	TITLE		ange 🗒 Addition	
NAME	-		NAME			
STREET ADDRESS			_			
DUTY CT			STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	☐ CF	ange	

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 cath; 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 charged, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

. O . PRES (DEAN O , SARNS) 02-03-04
URE AND DEPORT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP