FILED Jul 19, 2004 8:00 am Secretary of State

2004	FOR	PROFI	T COR	RPOR/	ATION
	Α	NNUAL	. REPO	DRT	

DOCUMENT # V13723 1. Entity Name ROTO-ROOTER OF ST. AUGUSTINE, INC.						07-19-2004	•	5 ***15	60.00
Principal Place of Business Mailing Address					┤		-		
•		Mailing Address							
2110 DOBBS		2110 DOBBS ROAD	06 1	ıc					
ST AUGUSTINE, FL 32086 US ST AUGUSTINE, FL 32086 U			JS						
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2. Principal Place of Business 3. Mailing Address									
1960 US 1 SOUTH #8		1960 US 1 SOUTH #8		11000 08300	(686) (19813 688 () (B) BI) BIBIK BIBIK I	TEN ONL BIEN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	O. D.	000000			
				04212004	Chg-P	CR2E034	(10/03)		
City & State	9 .	City & State		4. FEI Number		·····	Ap	plied For	
ST. AUG	GUSTINE, FL	ST. AUGUSTINE. FL		59-3113	074		No	t Applicable	
Zip	Country	Zip Country			¢9.75				
32086	ST. JOHNS	32086	ST.	JOHNS	5. Certificate o	ir Status Desired	□ Ψ'	e Required	d
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
		ا ہا۔ جسپونی سے		Name		~ · -	ر مناضعت سب	ب و جنستن	
HALL, CHA		•	_	0	(0.0.0)				
77 ALMER				Street Address	(P.O. Box Numbe	r is Not Acceptable	}		
ST AUGUS	STINE, FL 32084								
•									
				City			FL	Zip Code	9
O The shave	named entity submits this statement for	the number of changing its	ragiator	d allian or raciato	rod agant or both	in the State of Ele		milios with	and annual
	ions of registered agent.	the purpose of changing its	- cgistore	or registe	nod agont, or both	, in the State of The	nua. Tumai	TIME: ***********	and accept
SIGNATURE_									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating)		DATÉ		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr	_		.00 May Be ded to Fees				
10.	10. OFFICERS AND DIRECTORS 11.				ADDITIONS/0	HANGES TO OFFI	CERS AND D	RECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE					Change	☐ Addition
NAME	ETTLINGER, STEVEN		NAMI	E					
STREET ADDRESS	1456 CR 13 SO		STRE	ET ADDRESS					
CITY-ST-ZIP	ST AUGUSTINE, FL 32092		CITY	-ST-ZIP					}
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NAME			NAM	E					
STREET ADDRESS			STRE	ET ADDRESS '					
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STREET ADDRESS			STRE	ET ADORESS					i
CITY-ST-ZIP			CITY	-ST-ZIP					
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STREET ADDRESS		•		ET ADDRESS					
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TITLE		☐ Delete	TITL			···	ſ	Change	☐ Addition
NAME			NAM	I			•		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	··-··			-ST-ZIP					
12 I boroby	partify that the information symplical with	this filing does not qualify for	the eye	motion stated in S	ection 119 07/21/6	Florida Statutos	further certife	u that the ir	nformation
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 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.									