

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-19-2004 90017 015 ***150.00

DOCUMENT # V13723 1. Entity Name ROTO-ROOTER OF ST. AUGUSTINE, INC.	
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Principal Place of Business 2110 DOBBS ROAD ST AUGUSTINE, FL 32086 US	Mailing Address 2110 DOBBS ROAD ST AUGUSTINE, FL 32086 US
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2. Principal Place of Business 1960 US 1 SOUTH #8 Suite, Apt. #, etc.	3. Mailing Address 1960 US 1 SOUTH #8 Suite, Apt. #, etc.
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City & State ST. AUGUSTINE, FL Zip 32086 Country ST. JOHNS	City & State ST. AUGUSTINE, FL Zip 32086 Country ST. JOHNS
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04212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3113074	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA ST. ST AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

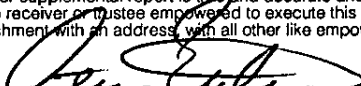
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETTLINGER, STEVEN 1456 CR 13 SO ST AUGUSTINE, FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-04 904824-1834
Date Daytime Phone #