

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # F12485

1. Entity Name
ECON-O-ROOTER INC.



Principal Place of Business
9020 COCOA AVENUE
JACKSONVILLE, FL 32211

Mailing Address
P O BOX 8217
JACKSONVILLE, FL 32239



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2061517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENLEAF, V B
3250 TEA ROSE DR
JACKSONVILLE, FL 32223

**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

[Signature]

2-16-2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BLANTON, LEROY 9020 COCOA AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SV BLANTON, LEROY 9020 COCOA AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GREENLEAF, V B 3250 REA ROSE DR JACKSONVILLE, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

2-16-05 *904-727-7008*