

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F96000006351



1. Entity Name

J.S. ROATH CORP.

Principal Place of Business

1155 BLUEHILL CREEK DR.
MARCO ISLAND FL 34145
US

Mailing Address

1155 BLUEHILL CREEK DR.
MARCO ISLAND FL 34145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

43-1724221

Applied For
Not Applicable

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LISA ESQ
C/O CHAFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES FL 34102

Name

Sandra Roath

Street Address (P.O. Box Number is Not Acceptable)

1155 Bluehill Creek Drive
Marco Island

City

FL Zip Code
34146

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, 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

Make Check Payable to Florida Department of State

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 DP Delete
NAME ROATH, JAMES R
STREET ADDRESS 1155 BLUEHILL CREEK DR.
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST Delete
NAME ROATH, SAUNDRA A
STREET ADDRESS 1155 BLUEHILL CREEK DR.
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sandra Roath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 06, 2005 8:00 am
Secretary of State**

05-06-2005 90103 023 ***150.00

50050428



1st MOORE CR2E034 (10/04)

4-2-05 239 389 2655
Daytime Phone #