


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000006351</b> 1. Entity Name J.S. ROATH CORP.	
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Principal Place of Business 1155 BLUEHILL CREEK DR. MARCO ISLAND, FL 34145 US	Mailing Address 1155 BLUEHILL CREEK DR. MARCO ISLAND, FL 34145 US
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**DO NOT WRITE IN THIS SPACE**

07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1724221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROATH, SAUNDRA  
1155 BLUEHILL CILL DR  
MARCO ISLAND, FL 34145

**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  7-17-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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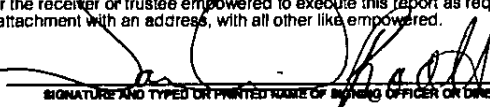
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROATH, JAMES R 1155 BLUEHILL CREEK DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROATH, SAUNDRA A 1155 BLUEHILL CREEK DR. MARCO ISLAND, FL 34145
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07/20/06-80002-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #