2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J29826

1. Entity Name
DEEROSS, INC.

Principal Place of Business	Mailing Address
C/O ELMER R. STAHNKE	C/O ELMER R. STAHNKE
6615 TAILFEATHER WAY	6615 TAILFEATHER WAY
BRADENTON, FL 34203	BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

06152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2705123	Not Applicable

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

6. Name and Address of Current Registered Agent

STAHNKE, ELMER R.
6615 TAILFEATHER WAY
BRADENTON, FL 34203

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)

U00000567806
06/30/06--00005--007 150.00

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	STAHNKE, ELMER R.
STREET ADDRESS	6615 TAILFEATHER WAY
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VP
NAME	STAHNKE, PENELOPE
STREET ADDRESS	6615 TAILFEATHER WAY
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   6/27/06   941-342-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #