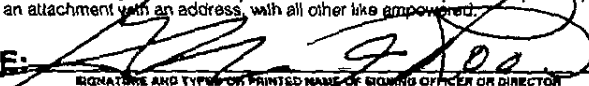


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # J40106			
1. Entity Name ROOTH & ROOTH, P.A.			
Principal Place of Business 11201 PARK BOULEVARD N SUITE 21 SEMINOLE, FL 33772 US		Mailing Address 11201 PARK BOULEVARD N SUITE 21 SEMINOLE, FL 33772 US	
DO NOT WRITE IN THIS SPACE			
		04192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2739988	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROOTH, GILBERT J. 11201 PARK BOULEVARD N SUITE 21 SEMINOLE, FL 33772		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 _____ (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		U00000342835 04/29/05-80070-023 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROOTH, GILBERT J 11201 PARK BOULEVARD N, SUITE 21 SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROOTH, SUSAN A 11201 PARK BOULEVARD N, SUITE 21 SEMINOLE, FL 33772		
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		4/26/05 727-393-3471	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gilbert J. Rooth		Date Daytime Phone #	