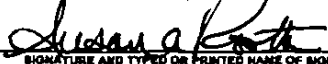


FILED

Apr 18, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
		
04112007 No Chg-P CR2E034 (11/05)		
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 _____ Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	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		
DO NOT WRITE IN THIS SPACE		
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		4/13/07 727-397-4768 Date Daytime Phone #