

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90118 043 \*\*\*150.00

**DOCUMENT # P00000021861**

1. Entity Name  
**ROOT SERVICES, INC.**



Principal Place of Business  
**871 KINGS ESTATE ROAD  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**871 KINGS ESTATE ROAD  
ST. AUGUSTINE, FL 32086**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3629932</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

**6. Name and Address of Current Registered Agent**

**EBERLING, ROBERT A  
1400 OLD DIXIE HIGHWAY 1797 OLD MOULTRIE  
SUITE E RD, SUITE 107  
ST. AUGUSTINE, FL 32086  
32084**

**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 *Robert A. Eberling* **4/17/08**  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ROOT, RANDY L<br/>871 KINGS ESTATE<br/>SAINT AUGUSTINE, FL 32086</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>MILLER, PAUL<br/>3830 ST AUGUSTINE BLVD<br/>SAINT AUGUSTINE, FL 32086</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 *Paul R Miller* **5/30/08** **904 377 2921**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #