
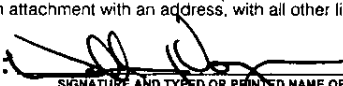


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90051 006 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P00000096040 1. Entity Name ROOT COMPANY | | | |  | |
| Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 | | | Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3133336 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent VOGES, WILLIAM J ESQ. 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS MARONEY, PHILIP 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ROMANO, SHARON 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/V/T Dittbenner, Eileen 275 Clyde Morris Blvd. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS JONES, VICKY R 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT RADIKOPF, GREGORY 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NOWISKIE, RON E 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | William J. Voges, Pres. 4/1/2007 3866714908 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

ATTACHMENT

40052921
#P000000096040

Additional Information
Block 10, Officers and Directors

| | |
|----------------|----------------------------|
| TITLE | AS |
| NAME | ROMANO, SHARON |
| STREET ADDRESS | 275 Clyde Morris Boulevard |
| CITY-ST-ZIP | Ormond Beach, FL 32174 |