


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90509 001 ***300.00

DOCUMENT # P03000032096	
1. Entity Name DEEP ROOTS CORPORATION	

Principal Place of Business 351 BRASSIE DRIVE LONGWOOD, FL 32750	Mailing Address 351 BRASSIE DRIVE LONGWOOD, FL 32750
--	--

2. Principal Place of Business 36934 Bear Tracks Rd.	3. Mailing Address 36934 Bear Tracks Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Eustis, FL	City & State Eustis, FL
Zip 32736	Zip 32736
Country LAKE	Country LAKE



03092004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4244916		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ANDERSON, CLARISSA M 351 BRASSIE DRIVE LONGWOOD, FL 32750		
7. Name and Address of New Registered Agent Name CLARISSA M. ANDERSON Street Address (P.O. Box Number is Not Acceptable) 36934 Bear Tracks Rd. City Eustis FL Zip Code 32736		

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	P, T ANDERSON, CLARISSA M 351 BRASSIE DRIVE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T Anderson, Clarissa M. 36934 Bear Tracks Rd. EUSTIS, FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, KIMBERLY R 12401 S. PUTNEY CT. LEESBURG, FL 32750 <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	S GRAHAM, BRET A 12401 S. PUTNEY CT. LEESBURG, FL 32750 <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	D BROADRICK, ROBERT J 505 DORA AVE. TAVARES, FL 32778 <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	<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	<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 exemption stated in Section 119.07(3)(i), 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

4/28/04 Pres.

Date

(352) 589-0522

Daytime Phone #