## **2006 FOR PROFIT CORPORATION**

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000032096 05-02-2006 90154 005 \*\*\*150.00 **DEEP ROOTS CORPORATION** Principal Place of Business Mailing Address 36934 BEAR TRACKS RD 36934 BEAR TRACKS RD EUSTIS, FL 32736 EUSTIS, FL 32736 2. Principal Place of Business 14545 Jamaica Dogwood Dr 3. Mailing Address 14545 Jamaica Dogwood Suite, Apt. #, etc. 03292006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL. Oclando -lando 13-4244916 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Orange Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Regi ANDERSON, CLARISSA M. ANDERSON, CLARISSA M Street Address (P.O. Box Number is Not Acceptable) 14545 TAMAICA Dogwood Dr 36934 BEAR TRACKS RD EUSTIS, FL 32736 City Orlando 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 arm familiar with, and accept the obligations of registered agent Principle and title if applicable. SIGNATURE\_ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD Change : ■ Addition TITLE ☐ Delete TITLE ANDERSON, CLARISSA M 14545 JAMAICA DOGWOOD Dr Orlando, FL 32828 ANDERSON, CLARISSA M NAME NAME STREET ADDRESS 36934 BEAR TRACKS RD STREET ADDRESS EUSTIS, FL 32736 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TIRE ☐ Change anifibhA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZE CATY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

**FILED**