

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90047 004 ***150.00

DOCUMENT # P03000083950 1. Entity Name ROTH LAW FIRM, P.A.																																			
Principal Place of Business 6014 US HWY. 19 #120 NEW PORT RICHEY, FL 34652		Mailing Address 6014 US HWY. 19 #120 NEW PORT RICHEY, FL 34652																																	
2. Principal Place of Business - No P.O. Box # 8212 Massachusetts Ave		3. Mailing Address 8212 Massachusetts Ave																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State N.P.R. FL		City & State N.P.R.																																	
Zip 34653		Zip 34653																																	
Country 		Country 																																	
4. FEI Number 35-2211406		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 ROTH, JOSEPH M 6014 US HWY. 19, SUITE 501 NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name: Joseph M. Rooth Street Address (P.O. Box Number is Not Acceptable): 8212 Massachusetts Ave. City: New Port Richey FL Zip Code: 34653																																	
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: <u>Joseph M. Rooth</u> DATE: <u>1/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D <input type="checkbox"/> Delete ROTH, JOSEPH M 6014 US HWY 19, STE 120 NEW PORT RICHEY, FL 34652 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROTH, JOSEPH M 6014 US HWY 19, STE 120 NEW PORT RICHEY, FL 34652															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8212 Massachusetts Ave. N.P.R. FL 34653 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8212 Massachusetts Ave. N.P.R. FL 34653														
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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: <u>[Signature]</u> DATE: <u>1/30/08</u> DAYTIME PHONE #: <u>727 849-3400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			