

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90386 022 ***150.00

DOCUMENT # P04000029062	
1. Entity Name MR. ROOTER OF CLAY COUNTY AND DUVAL COUNTY, INC.	

Principal Place of Business 1268 BLANDING BLVD. ORANGE PARK, FL 32065-8020	Mailing Address 1268 BLANDING BLVD. ORANGE PARK, FL 32065-8020
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14012360



2. Principal Place of Business 1268 BLANDING BLVD Suite, Apt. #, etc. D	3. Mailing Address 1268 BLANDING BLVD Suite, Apt. #, etc. D
City & State ORANGE PARK, FL	City & State ORANGE PARK, FL
Zip 32065	Country CLAY

04252005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0642066	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPANEK, FRED 2946 FIRST AVENUE FERNANDINA BEACH, FL 32034	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELKY, JAMES 449 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELKY, LAURIE 449 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAUNCEY, DEBRA 2030 LIBERTY WAY MIDDLEBURG, FL 32068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Laurie A. Pelky 4-27-05 (904) 267-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #