

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90059 021 ***150.00

ANNUAL REPORT

DOCUMENT # P04000036821			
1. Entity Name ROOTS & WINGS INC			
Principal Place of Business 2205 S LINDA WAY SANTA ANA, CA 92704		Mailing Address 2205 S LINDA WAY SANTA ANA, CA 92704	
2. Principal Place of Business 210 Commerce Lake Drive Suite, Apt. #, etc.		3. Mailing Address 1704 E. Cobblestone Lane Suite, Apt. #, etc.	
City & State St. Augustine, Florida Zip: 32095 Country: USA		City & State St. Augustine, Florida Zip: 32092 Country: U.S.A.	
4. FEI Number 20-0835141		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 MATERIA, SALVATORE R 11427 CHASE MEADOWS NORTH JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 1704 E. Cobblestone Lane City: St. Augustine FL Zip Code: 32095	
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>Salvatore R. Materia, Salvatore R. Materia, President</u> 02/03/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P MATERIA, SALVATORE R 2205 S LINDA WAY SANTA ANA, FL 92704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATERIA, LUCITA J 2205 S LINDA WAY SANTA ANA, FL 92704	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 E. Cobblestone Lane St. Augustine, Florida 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 E. Cobblestone Lane St. Augustine, Florida 32095	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Josephine A. Tafulu 11427 Chase Meadows Drive N Jacksonville, Florida 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Emmanuel R. Materia 1347 Ivyhedge Avenue St. Augustine, Florida 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Salvatore R. Materia, Salvatore R. Materia</u> 02/03/05 (904) 940-6692 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			