

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 044 ***150.00

DOCUMENT # P04000036821 1. Entity Name ROOTS & WINGS INC					
Principal Place of Business 210 COMMERCE LAKE DRIVE SAINT AUGUSTINE, FL 32095			Mailing Address 1704 EAST COBBLESTONE LANE SAINT AUGUSTINE, FL 32092		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0835141	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATERIA, SALVATORE R 1704 EAST COBBLESTONE LANE SAINT AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, 2006 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 1704 EAST COBBLESTONE LANE SAINT AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATERIA, LUCITA J 1704 EAST COBBLESTONE LANE SAINT AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAFULU, JOSEPHINE 11427 CHASE MEADOWS DRIVE NORTH JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Tafulu, Josephine</i> <i>1347 Ivyhedge Avenue</i> <i>St. Augustine, FL.</i> 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATERIA, EMMANUEL R 1347 IVYHEDGE AVENUE SAINT AUGUSTINE, FL 32092		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 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: <i>Salvatore R. Materia</i> Salvatore R. Materia 3/14/06 (904) 940-6692					