

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000069394

1. Entity Name
U.S.A. ROOTER, INC.



Principal Place of Business
**14631 ALBERTON LANE
ODESSA, FL 33556**

Mailing Address
**14631 ALBERTON LANE
ODESSA, FL 33556**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3701572	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PHELPS, MARK
14631 ALBERTON LANE
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit 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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-06

**FILE NOW!!! FEE IS \$130.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHELPS, MARK
STREET ADDRESS	14631 ALBERTON LANE
CITY - ST - ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000389260
01/20/06-80037-016 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

MARK PHELPS

1/8/06 (813) 933-4200

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone