

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139515

1. Entity Name  
ROARTY & ASSOCIATES INC.



FILED

05 SEP 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-14-05 90083 026 \$ 150.00



02022005 Chg-P CR2E034 (10/03)

4. FEI Number  
73-1721644

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WINTERS, ELISE K  
133 N. FL. HARRISON AVE  
CLEARWATER, FL 33755

## 7. Name and Address of New Registered Agent

Name JACK TANENBAUM, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
9186 OAKHURST ROAD, SUITE 3  
City SEMINOLE FL Zip Code 33776

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 JACK TANENBAUM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/05

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P.T	ROARTY, KEVIN J	13799 PARK BLVD, SUITE 242	SEMINOLE, FL 33776	<input type="checkbox"/>
S. D	ROARTY, KEVIN J	13799 PARK BLVD, SUITE 242	SEMINOLE, FL 33776	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of 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 of 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05 727-393-7500