

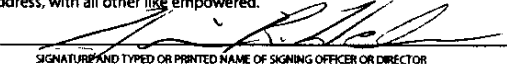


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90017 010 \*\*\*150.00

<b>DOCUMENT # P05000023371</b>					
1. Entity Name <b>ROSCOE ENTERPRISE INC.</b>					
Principal Place of Business <b>10967 DELAGO DR JACKSONVILLE, FL 32246 US</b>			Mailing Address <b>10967 DELAGO DR JACKSONVILLE, FL 32246 US</b>		
2. Principal Place of Business <b>2094 Kusaie Dr</b>			3. Mailing Address <b>2094 Kusaie Dr</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b>			City & State <b>Jacksonville FL</b>		
Zip <b>32246</b>		Country <b>USA</b>		4. FEI Number <b>20-2355066</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEHM, DARIAN 10967 DELAGO DR JACKSONVILLE, FL 32246</b>			7. Name and Address of New Registered Agent  Name <b>DARIAN DEHM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2094 KUSAIE DR</b>  City <b>Jacksonville</b> FL Zip Code <b>32246</b>		
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 		DATE <b>7-19-06</b>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEHM, DARIAN 10967 DELAGO DR JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEHM, DARIAN 2094 Kusaie DR Jacksonville FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEHM, DARIAN 10967 DELAGO DR JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEHM, DARIAN 2094 Kusaie DR Jacksonville FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE <b>7-19-06</b>		Daytime Phone # <b>904-424-5156</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					