

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 005 ***150.00

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1. Entity Name
ROOT CAPITAL, INC.



Principal Place of Business
**275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174**

Mailing Address
**275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3133334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VOGES, WILLIAM J
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VTD
NAME DITTBENNER, EILEEN M
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SD
NAME MARONEY, PHILIP
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE AT
NAME RADIKOPF, GREGORY
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE AS
NAME ROMANO, SHARON
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Eileen Dittbenner **Eileen Dittbenner, VP** **3/29/2008** **3866714908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #