## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P23800

1. Entity Name ROOTER-MAN CORP.



Principal Place of Business Mailing Address

268 RANGEWAY RD N BILLERICA, MA 01862 268 RANGEWAY RD N BILLERICA, MA 01862

## FILED Mar 25, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2750336 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## 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					
	Signature, types or printed rights or registared againt and trie i	applicative (NOTE registered	Agent signatur	- reduced with resistating/	DATE.
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, VINCENT 268 RANGEWAY RD. NO. BILLERICA, MA 01862				U00000870142 04/09/08-80079-002 150.00
TITLE NAME STREET ADDRESS CITY: ST-ZIP	CL MACDONALD, CHARLENE 268 RANGEWAY RD. NO. BILLERICA, MA 01862				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDONALD, CHARLENE 268 RANGEWAY RD. NO. BILLERICA, MA 01862		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, VINCENT 268 RANGEWAY RD. NO. BILLERICA, MA 01862		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, CHARLENE 268 RANGEWAY RD. NO. BILLERICA, MA 01862	-			
TITLE			1		

12. Thereby certify that the information supplied with this filling 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 angears in Block 10 or Block 11 if Chapter 607, Florida Statutes.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Daylime Phone #