


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

*Dept. OF STATE*

<b>DOCUMENT # P94000039249</b>		
1. Entity Name <b>ROOS BROS, INC.</b>		
Principal Place of Business <b>P O BOX 150054 CAPE CORAL, FL 33915 US</b>	Mailing Address <b>P O BOX 150054 CAPE CORAL, FL 33915 US</b>	



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0490299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ROOS, WAYNE T  
8051 DOSONTE LANE  
NORTH FORT MYERS, FL 33917**

**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 \_\_\_\_\_ DATE **07/14/06-80005-003 150.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

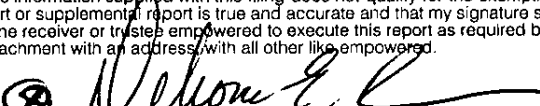
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROOS, WAYNE T 8051 DOSONTE LN FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROOS, DEBORA E 8051 DOSONTE LN FORT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_