


FILED
Aug 01, 2005 8:00 am
Secretary of State

07-05-2005 90118 018 ***150.00
08-01-2005 90027 015 ***400.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000048646			
1. Entity Name ROOTER FARMS, INC.			
Principal Place of Business 1865 SOUTH BROCKSMITH ROAD FORT PIERCE, FL 34945		Mailing Address 1865 SOUTH BROCKSMITH ROAD FORT PIERCE, FL 34945	
2. Principal Place of Business 3850 Selvitz Rd.		3. Mailing Address P.O. Box 15220	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce, Florida		City & State Ft. Pierce, Florida	
Zip 34981		Country USA	
Zip 34979-5220		Country USA	
4. FEI Number 65-0517613		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REVELS, DEBRA S 1865 SOUTH BROCKSMITH ROAD FORT PIERCE, FL 34945		7. Name and Address of New Registered Agent Name Revels, Debra S. Street Address (P.O. Box Number is Not Acceptable) 5269 NW West Lovett Circle City Port St. Lucie FL Zip Code 34986	
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 6-30-2005 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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	D REVELS, PAUL 1865 SOUTH BROCKSMITH ROAD FORT PIERCE, FL 34945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5269 NW West Lovett Circle Port St. Lucie, FL 34986
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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 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: <i>Debra S. Revels</i> Debra S. Revels		6-30-2005 772-489-9402 Date Daytime Phone #	