



12 06 02:08p

Daniel DeIulio, CPA Charter 772

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 020 \*\*\*158.75

DOCUMENT # P94000048646

1. Entity Name

ROOTER FARMS, INC.



Principal Place of Business

3850 SELVITZ RD  
FORT PIERCE, FL 34981

Mailing Address

P.O. BOX 15220  
FORT PIERCE, FL 34979-5220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0517613

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REVELS, DEBRA S  
5269 NW WEST LOVETTE CIRCLE  
PORT SAINT LUCIE, FL 349-869y

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REVELS, PAUL	
STREET ADDRESS	5269 NW WEST LOVETT CIRCLE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVELS, DEBRA S	
STREET ADDRESS	5269 NW WEST LOVETT CIRCLE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Revels, Paul	
STREET ADDRESS	5269 NW west Lovett Cir.	
CITY - ST - ZIP	Port St. Lucie, FL 34986	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Revels, Debra	
STREET ADDRESS	5269 NW West Lovett Cir.	
CITY - ST - ZIP	Port St. Lucie, FL 34986	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Revels, Jason	
STREET ADDRESS	1235 TAN OAK Terr	
CITY - ST - ZIP	Vero Beach, FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Day/No Phone #

*Debra S. Revels* *Debra S Revels* 4/18/06 772-489-9402