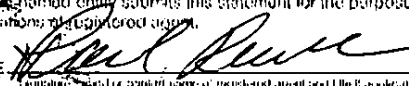
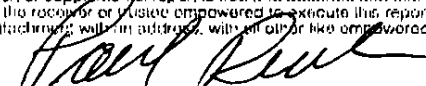


FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 037 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000048646			
1. Entity Name ROOTER FARMS, INC.			
Principal Place of Business 8670 WEST AVE. B FORT PIERCE, FL 34945		Mailing Address P.O. BOX 15220 FORT PIERCE, FL 34979-5220	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 REVELS, PAUL M 8670 WEST AVE B FORT PIERCE, FL 34945		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. I, the undersigned, hereby submit 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 the registered agent.			
SIGNATURE 		Date 4/25/08	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD REVELS, PAUL 5269 NW WEST LOVETT CIR PORT SAINT LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD REVELS, PAUL 8670 WEST AVE. B. FT. PIERCE, FL 34945 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD REVELS, JASON 1235 TAN OAK TERR VERO BEACH, FL 32906 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD REVELS, JASON 8670 WEST AVE. B. FT. PIERCE, FL 34945 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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 an officer like empowered.			
SIGNATURE: 		Date 4/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	