

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90137 001 ***361.25

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1. Entity Name

BUDGET-ROOTER, INC.



Principal Place of Business

163 66TH TERRACE
WEST PALM BEACH FL 33413-2303

Mailing Address

163 66TH TERRACE
WEST PALM BEACH FL 33413-2303



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0576268**

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MCLEOD, MICHAEL
163 63RD TERR
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

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 fee - applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
D MCLEOD, MICHAEL
STREET ADDRESS
163 66TH TERR
CITY ST ZIP
WEST PALM BEACH FL 33413-2303

TITLE ☐ Delete
NAME
D MCLEOD, NANCY
STREET ADDRESS
163 66TH TERR
CITY ST ZIP
WEST PALM BEACH FL 33413-2303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 Section 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

Nancy McLeod / Henry McLeod

41-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #