

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90046 046 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000041641</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                  |                                                                                                                                          |
| 1. Entity Name<br><b>THE J. ROUS CO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                          |
| Principal Place of Business<br><b>17091 CHAR LEE ROAD<br/>PUNTA GORDA, FL 33955</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Mailing Address<br><b>17091 CHAR LEE ROAD<br/>PUNTA GORDA, FL 33955</b>                                                                                                                                                           |                                                                                                                                          |
| 2. Principal Place of Business<br><b>2200 Kings Hwy<br/>Suite, Apt. #, etc.<br/>3-L #51</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | 3. Mailing Address<br><b>2200 Kings Hwy<br/>Suite, Apt. #, etc.<br/>3-L #51</b>                                                                                                                                                   |                                                                                                                                          |
| City & State<br><b>Pt Charlotte FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | City & State<br><b>Pt Charlotte, FL</b>                                                                                                                                                                                           |                                                                                                                                          |
| Zip<br><b>33980</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                         | Zip<br><b>33980</b>                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>ROUS, ROBERTA L<br/>17091 CHAR LEE ROAD<br/>PUNTA GORDA, FL 33955</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 7. Name and Address of New Registered Agent<br><br>Name <b>Rous, Roberta L</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2200 Kings Hwy 3-L #51</b><br>City <b>Pt Charlotte</b> <b>FL</b> Zip Code <b>33980</b> |                                                                                                                                          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when filing this report)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.      |                                                                                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                      |                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D <input type="checkbox"/> Delete<br><b>ROUS, ROBERTA L<br/>17091 CHAR LEE ROAD<br/>PUNTA GORDA, FL 33955</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2200 Kings Hwy 3-L #51<br/>Pt Charlotte FL 33980</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D <input type="checkbox"/> Delete<br><b>ROUS, JOHN G<br/>17091 CHAR LEE ROAD<br/>PUNTA GORDA, FL 33955</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2200 Kings Hwy 3-L #51<br/>Pt Charlotte, FL 33980</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | Date <b>7-7-5</b> 941-255-5665                                                                                                                                                                                                    |                                                                                                                                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Date                                                                                                                                                                                                                              |                                                                                                                                          |