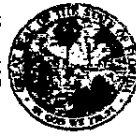


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State
MS

DOCUMENT # P97000041641

1. Entity Name
THE J. ROUS CO.



Principal Place of Business
2200 KINGS HIGHWAY
SUITE 3-L #51
PORT CHARLOTTE, FL 33980 US

Mailing Address
2200 KINGS HIGHWAY
SUITE 3-L #51
PORT CHARLOTTE, FL 33980 US



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757156	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUS, ROBERTA L
2200 KINGS HIGHWAY
SUITE 3-L #51
PORT CHARLOTTE, FL 33980

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IN THIS SPACE

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]
Signature based on printing name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when re-issuing)

DATE
4/8/06

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROUS, ROBERTA L 2200 KINGS HIGHWAY SUITE 3-L #51 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUS, JOHN G 2200 KINGS HIGHWAY SUITE 3-L #51 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. GREGORY ROUS V.P.

DATE
4/8/06

DAYTIME PHONE #
(941) 255-5665