

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000090358

1. Entity Name
AMERICAN ROOTER SERVICE, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 MAY 13 AM 10:02

Principal Place of Business
163 66TH TERRACE
WEST PALM BEACH, FL 33413

Mailing Address
163 66TH TERRACE
WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0801136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLEOD, NANCY
163 66TH TERRACE
WEST PALM BEACH, FL 33413

**DO NOT WRITE
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, 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, 2004 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
NAME	MC LEOD, NANCY
STREET ADDRESS	163 66TH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	MC LEOD, MICHAEL
STREET ADDRESS	163 66TH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300037667373
06/04/04--01040--002 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #