2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2005 08:00 AM Secretary of State

1. Entity Nam ROOSTE	ER HILL, INC. De of Business ERRACE	Mailing Address 20980 60 TERRACE LIVE OAK, FL 32060		Secretary of State
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				06292005 No Chg-P CR2E034 (10/03) 4. FEI Number
EVANS, PATRICIA 20980 60 TERRACE LIVE OAK, FL 32060				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, typod or printed name of registered agent and the fi applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EVANS, PATRICIA 20980 60 TERRACE LIVE OAK, FL 32060	RECTORS		U00000372076 07/11/05-80017-016 S50.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[EVE ON 1 02000			200011-019 228.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			STORY SECTION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	•		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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: (366) L58 / 157 /				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				