·· 2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V71998

1. Entity Name
ROTHMAN CORP.

Principal Place of Business	Mailing Address
5700 70TH AVE., NORTH PINELLAS PARK, FL 33781 US	5700 70TH AVE., NORTH PINELLAS PARK, FL 33781 US

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0369897	Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHMAN, THELMA P
5700 70TH AVENUE NORTH
PINELLAS PARK, FL 33781

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ROTHMAN, THELMA P
STREET ADDRESS	5700 70TH AVE., NO.
CITY-ST-ZIP	PINELLAS PARK, FL 33781

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/02/05-80054-013 150.00

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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: *Thelma P. Rothman*   Thelma P. Rothman   2/8/05   727-545-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #