

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J86345

FILED
Apr 26, 2005
Secretary of State

Entity Name: ROCHE SURETY, INC.

Current Principal Place of Business:

ROCHE SURETY, INC.
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1910 ORIENT ROAD
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2835007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, ARMANDO
1910 ORIENT RD.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: ROCHE, ARMANDO
Address: 12130 FORT KING HWY
City-St-Zip: THONOTOSASSA, FL

Title: S () Delete
Name: ROCHE, LINDA
Address: 12130 FORT KING HWY
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: RODRIQUEZ, GILBERT M.
Address: 1910 OREINT ROAD
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: ROCHE, SHANNON
Address: 1910 ORIENT RD.
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: MARTIN, MELISA
Address: 1910 ORIENT RD.
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: POLLOCK SR., GEORGE A
Address: 1910 ORIENT RD.
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R DILIBERTO

Electronic Signature of Signing Officer or Director

CONT

04/26/2005

_____ Date