


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90042 047 \*\*\*150.00

<b>DOCUMENT # P01000013167</b> 1. Entity Name <b>ROE BROTHERS INC.</b>	
--	---

Principal Place of Business <b>920 VALLEY LANE FORT PIERCE FL 34946 US</b>	Mailing Address <b>920 VALLEY LANE FORT PIERCE FL 34946 US</b>
---	---



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>9046 Pumpkin Ridge Rd</b> Suite, Apt. #, etc.
---	---

City & State <b>Port St. Lucie, FL</b>	4. FEI Number <b>34-1894664</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			

Zip	Country	Zip <b>34986</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	---------------------	---------	---

6. Name and Address of Current Registered Agent  <b>ROE, ROGER 9940 S OCEAN BLVD JENSEN BEACH FL 34957</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
--	---

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (unit title, if applicable). (NOTE: Registered Agent signature required when removing agent)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ROE, RYAN	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROE, RYAN	NAME	
STREET ADDRESS	9046 PUMPKIN RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	CITY-ST-ZIP	
TITLE	V ROE, EVAN	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROE, EVAN	NAME	
STREET ADDRESS	8201 KIAWAH TRACE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/8/08** **7725798515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #