

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P04000040124 1. Entity Name ROSSCO CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 4611 SOUTH UNIVERSITY DRIVE 314 DAVIE, FL 33328 US	Mailing Address 4611 SOUTH UNIVERSITY DRIVE 314 DAVIE, FL 33328 US
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4322294	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHN, ROSS
4611 SOUTH UNIVERSITY DRIVE
314
DAVIE, FL 33328

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

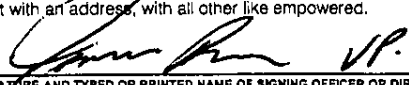
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000730968 05/08/07-80100-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, JOHN 4611 SOUTH UNIVERSITY DRIVE SUITE 314 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, JOHN 4611 SOUTH UNIVERSITY DRIVE SUITE 314 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, JAMES M 4611 SOUTH UNIVERSITY DRIVE SUITE 314 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JAMES M 4611 SOUTH UNIVERSITY DRIVE SUITE 314 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:  VP. 4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #