

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 008 ***150.00

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DOCUMENT # P04000077751 1. Entity Name ROTIC, INC.					
Principal Place of Business 13014 N. DALE MABRY HWY. #315 TAMPA, FL 33618			Mailing Address 13014 N. DALE MABRY HWY. #315 TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box # 218 EAST BEARSS		3. Mailing Address 218 EAST BEARSS AVE.			
Suite, Apt. #, etc. SUITE 317		Suite, Apt. #, etc. SUITE 317			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 65-1226967	
Zip 33613		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COXON, GREG 13014 N. DALE MABRY HWY. #315 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 EAST BEARSS AVE, SUITE 317 City TAMPA FL Zip Code 33613		
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, 2008 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete COXON, GREG 13014 N. DALE MABRY HWY. #315 TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 218 EAST BEARSS AVE #317 TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: GREG COXON, PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-24-08 Date		
Daytime Phone #					