


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90018 042 ***150.00

DOCUMENT # P97000036456 1. Entity Name BOB ROCKWELL CONSTRUCTION, INC.	
--	---

Principal Place of Business 671 ASTARIAS CIRCLE FORT MYERS, FL 33919	Mailing Address 671 ASTARIAS CIRCLE FORT MYERS, FL 33919
--	--

40048704



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKWELL, ROBERT G
671 ASTARIAS CIRCLE
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWELL, ROBERT G 671 ASTARIAS CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCKWELL, BONNIE L 671 ASTARIAS CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUCK, TERESA L 2011 SE 5TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUCK, KELLY L 2011 SE 5TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 information.

SIGNATURE: *Robert G. Rockwell* 3-17-08 (239) 985-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #