

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J86345

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6919287695**

**Entity Name:** ROCHE SURETY, INC.

**Current Principal Place of Business:**

1910 ORIENT ROAD  
TAMPA, FL 33619

**Current Mailing Address:**

1910 ORIENT ROAD  
TAMPA, FL 33619 US

**FEI Number:** 59-2835007

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARTIN, MELISA M  
1910 ORIENT RD.  
TAMPA, FL 33619 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            ROCHE, ARMANDO  
Address        12130 FORT KING HWY  
City-State-Zip: THONOTOSASSA FL

Title            S  
Name            ROCHE, LINDA  
Address        12130 FORT KING HWY  
City-State-Zip: THONOTOSASSA FL 33592

Title            D  
Name            PRIDA, LOU  
Address        1106 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title            PD  
Name            ROCHE, SHANNON  
Address        1910 ORIENT RD.  
City-State-Zip: TAMPA FL 33619

Title            T  
Name            MARTIN, MELISA M  
Address        1910 ORIENT RD.  
City-State-Zip: TAMPA FL 33619

Title            D  
Name            POLLOCK SR., GEORGE A  
Address        1910 ORIENT RD.  
City-State-Zip: TAMPA FL 33619

Title            DIRECTOR  
Name            PRIDA, ANDRES  
Address        1106 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title            DIRECTOR  
Name            POLLACK, GEORGE JR.  
Address        1910 ORIENT ROAD  
City-State-Zip: TAMPA FL 33619

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELISA MARTIN

**TREASURER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date