

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 227571

1. Entity Name
WM. G. ROE & SONS, INC.



Principal Place of Business
500 AV R SW
WINTER HAVEN, FL 33880

Mailing Address
500 AV R SW
PO BOX 900
WINTER HAVEN, FL 33880



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0881602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROE, QUENTIN J
500 AVE. R. S.W.
(P O BOX 900)
WINTER HAVEN, FL 33880

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000782354

01/15/08-80096-004 150.00

**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 D
NAME SOULE, CHARLES A
STREET ADDRESS 500 AVENUE R SW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE DPT
NAME ROE, QUENTIN J
STREET ADDRESS 500 AVENUE R SW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE DVS
NAME ROE, WILLIAM G II
STREET ADDRESS 500 AVENUE R SW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/08

863-294-3577

Date

Daytime Phone #

QUENTIN J. ROE