2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED
Jan 09, 2008 08:00 A
Secretary of State

ANNUAL REPORT					Jan 09, 2008 08		
1. Entity Nam	MENT # 334260 ROCHERS CONSTRUCTION	CO., INC.				Secretary of S	
Principal Place of Business Mailing Address 272 HIAWATHA WAY 272 HIAWATHA WAY MELBOURNE, FL 32951 US MELBOURNE BEACH, FL 3295			51 US		TO LIKE RUBBA HOM CIKE GUK ON	EN BROWN DURTH BURNN BURNN BURNNERS AV REGE	
D	O NOT WRITE	CE	01072008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-1229617 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent DESROCHERS, E. P 272 HIAWATHA WAY MELBOURNE BEACH, FL 32951			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. (INOTE: Registered Agent algorithms required when remetiting) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing\$	5.00 May Be Ided to Fees			
10. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PSDT DESROCHERS,E P 272 HIAWATHA WAY MELBOURNE BEACH, FL 32951	ECTORS			U0000 01/09/08	0776074 -80009-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	İ	
TITLE NAME STREET ADDRESS CITY-S1-ZIP							

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Of Daylorg Phone & Daylorg