

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 016 ***150.00

DOCUMENT # 447214 1. Entity Name ROSTEL CONSTRUCTION, INC.			
Principal Place of Business 17559 SR 52 LAND O LAKES, FL 34638		Mailing Address 17559 SR 52 LAND O LAKES, FL 34638	
2. Principal Place of Business - No P.O. Box # 22250 Hayman Rd		3. Mailing Address 22250 Hayman Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Brooksville FL		City & State Brooksville FL	
Zip 34602	Country 	Zip 34602	Country
4. FEI Number 59-1539594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSTEL, PETER A 17559 SR 52 LAND O LAKES, FL 34638		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22250 Hayman Rd City Brooksville FL Zip Code 34602	
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 <u><i>Debi Rostel</i></u> <u><i>Debi Rostel Secretary</i></u> <u><i>4-2-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PV ROSTEL, PETER A 17559 SR 52 LAND O LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22250 Hayman Rd. Brooksville FL 34602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSTEL, DEBI L 17559 SR 52 LAND O LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22250 Hayman Rd Brooksville FL 34602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Debi Rostel</i></u> <u><i>Debi Rostel</i></u> <u><i>4-2-07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	