

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000002215

1. Entity Name  
R. ROESE CONTRACTING CO., INC.



Principal Place of Business

2674 S. HURON RD.  
KAWKAWLIN, MI 48631

Mailing Address

PO BOX 158  
KAWKAWLIN, MI 48631



03142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-1886324

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ROESE, RICHARD F  
STREET ADDRESS 3328 CATALINA DRIVE  
CITY-ST-ZIP BAY CITY, MI 48706

TITLE V  
NAME KOLANEK, DAVID C  
STREET ADDRESS 3741 KAWKAWLIN RIVER DRIVE  
CITY-ST-ZIP BAY CITY, MI 48706

TITLE M  
NAME ROESE, BENJAMIN  
STREET ADDRESS 501 KNIGHTS RUN AVE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ST  
NAME WOODS, ROBERT A  
STREET ADDRESS 3000 VALORIE LANE  
CITY-ST-ZIP MIDLAND, MI 48640

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000478037  
04/07/06-80015-001 150.00

**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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Date

Daytime Phone #