2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002215

3000 VALORIE LANE

MIDLAND, MI 48640

Address:

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

Entity Name: R. ROESE CONTRACTING CO., INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	JRON RD. ILIN, MI 48631				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 1 KAWKAW	58 LIN, MI 48631				
FEI Number	: 38-1886324	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301 US			1200 S PINE ISLAND F	C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CT CORPORATION SYSTEM				03/27/2009	
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROESE, RICHA 3328 CATALINA BAY CITY, MI	A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KOLANEK, DAV	/LIN RIVER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M (ROESE, BENJA 501 KNIGHTS I TAMPA, FL 33	RUN AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () Delete ERT A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID C KOLANEK 03/27/2009 ٧