2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003558

City-St-Zip:

ROCHESTER, IN 46975

Entity Name: ROCHESTER ROTATIONAL MOLDING, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1952 E. LU	-		·		
Current Mailing Address:			New Mailing Address	:	
P.O. BOX ROCHEST	205 ΓER, IN 46975				
FEI Number	: 35-1749289	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:	
	LLEN NOLDS RD D, FL 33803	US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Age	ent	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:	PCD () WADE, MARILY 1098 DOGWOO ROCHESTER,	DD DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPVC () WADE, WAYNE 1098 DOGWOO ROCHESTER,	DD DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	S () WADE, WAYNE 1098 DOGWOO		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: KATHRYN RENTSCHLER MS 04/29/2005