


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F33892	
1. Entity Name WILLIAM ROTH CONSTRUCTION CORP.	

Principal Place of Business 10031 N. BISCAYNE DR. CITRUS SPRINGS, FL 34434 US	Mailing Address 10031 N. BISCAYNE DR. CITRUS SPRINGS, FL 34434 US
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04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2091595	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

**ROTH, WILLIAM R.
10031 N. BISCAYNE DR.
CITRUS SPRINGS, FL 34434**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE ST	NAME ROTH, KATHERINE A
STREET ADDRESS 10031 N. BISCAYNE DR.	
CITY-ST-ZIP CITRUS SPRINGS, FL 34434	
TITLE P	NAME ROTH, WILLIAM R
STREET ADDRESS 10031 N. BISCAYNE DR.	
CITY-ST-ZIP CITRUS SPRINGS, FL 34434	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X Katherine A. Roth ST X 4-19-05 X 352-465-2257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #