


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-05-2007 90142 042 ***150.00

DOCUMENT # F93246 1. Entity Name MIKE ROWE BUILDERS, INC.	
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Principal Place of Business 5975 ANSEL FERRELL RD TALLAHASSEE, FL 32308 US	Mailing Address 5975 ANSEL FERRELL RD TALLAHASSEE, FL 32308 US
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02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2209407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROWE, MICHAEL DENNIS 5975 ANSEL FERRELL RD. TALLAHASSEE, FL 32309

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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 *Michael Dennis Rowe* (NOTE: Registered Agent signature required when renewing) 3/27/07 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWE, MICHAEL DENNIS 5975 ANSEL FERREL TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROWE, PATRICIA C. 5975 ANSEL FERREL TALLAHASSEE, FL 32309
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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: *Patricia C. Rowe* Vice President 4-26-07 402-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #