

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000004884

1. Entity Name
W. C. ROESE CONTRACTING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

Principal Place of Business
10200 US HIGHWAY 92 E.
TAMPA, FL 33610 US

Mailing Address
10200 US HIGHWAY 92 E.
TAMPA, FL 33610 US

REINSTATEMENT 04



2. Principal Place of Business 10200 U.S.
~~Tampa, FL Hwy 92 E~~
Suite, Apt. #, etc.

3. Mailing Address
PO Box 4530
Suite, Apt. #, etc.

11032004 REIN-P CR2E098 (6/04) MRS

City & State
Tampa FL
Zip
33610
Country
USA

City & State
Tampa FL
Zip
33677-4530
Country
USA

4. FEI Number
38-3185732
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROESE, BEN
2189 S. CLEVELAND, SUITE 208
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name Ben Roese
Street Address (P.O. Box Number is Not Acceptable)
4630 Bay to Bay Blvd.
City Tampa FL Zip Code 33629

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: Ben Roese 12-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME ROESE, WILLIAM C
STREET ADDRESS 4285 TWO MILE RD.
CITY-ST-ZIP BAY CITY, MI 48706

TITLE VP ☒ Delete
NAME ROESE, BEN
STREET ADDRESS 2189 S. CLEVELAND, STE. 208
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME William C. Roese
STREET ADDRESS 9040 Old Hickory Circle
CITY-ST-ZIP FT MYERS, FL 33912

TITLE VP ☒ Change ☐ Addition
NAME Ben Roese
STREET ADDRESS 4630 Bay to Bay Blvd.
CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William C. Roese 12-17-04 813714 8659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #