

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # G28583

1. Entity Name

ROSSO PAVING & DRAINAGE, INC.



Principal Place of Business

Mailing Address

350 MARTIN LANE  
WEST PALM BEACH FL 33413  
US

350 MARTIN LANE  
WEST PALM BEACH FL 33413  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2275014

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOME, WILLIAM R. H.  
1818 AUSTRALIAN AVE, SOUTH  
SUITE 202, COMMERCE POINTE  
WEST PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PT  
ROSSO, NANCY G  
1116 N LAKESIDE DRIVE  
LAKE WORTH FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000246897 ☐ Change ☐ Addition  
02/28/05-80085-006 158.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VS  
ROSSO, JOE II  
111 VASSAR DR  
LAKE WORTH FL ☐ Delete

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

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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 688-  
Nancy G. Rosso 2-15-05 0288