## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J86345

Entity Name: ROCHE SURETY, INC.

FILED Jan 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ROCHE SURETY, INC. TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 1910 ORIENT ROAD TAMPA, FL 33619 US FEI Number: 59-2835007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DILIBERTO, EDWARD R 1910 ORIENT RD. TAMPA, FL 33619 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CCFO ( ) Delete Title: CFO (X) Change ( ) Addition ROCHE, ARMANDO Name: Name: ROCHE, ARMANDO 12130 FORT KING HWY 12130 FORT KING HWY Address: Address: City-St-Zip: THONOTOSASSA, FL City-St-Zip: THONOTOSASSA, FL Title: Title: () Delete () Change () Addition Name: ROCHE, LINDA Name: 12130 FORT KING HWY Address: Address: THONOTOSASSA, FL 33592 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition RODRIQUEZ, GILBERT M. RODRIGUEZ, GILBERT M Name: Name: 1910 OREINT ROAD 1910 OREINT ROAD Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619 Title: PD ( ) Delete Title: () Change () Addition ROCHE, SHANNON Name: Name: Address: 1910 ORIENT RD. Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition MARTIN, MELISA Name: MARTIN, MELISA M Name: 1910 ORIENT RD. Address: 1910 ORIENT RD. Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619 Title: () Delete Title: () Change () Addition POLLOCK SR., GEORGE A Name: Name: 1910 ORIENT RD. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MELISA M MARTIN T 01/04/2007