

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 039 \*\*\*150.00

**DOCUMENT # P0000006957**

1. Entity Name  
**ROWE CONSTRUCTION CORP.**



Principal Place of Business  
**3857 TURTLE RUN BLVD.  
 SUITE 2132  
 CORAL SPRINGS FL 33067**

Mailing Address  
**3857 TURTLE RUN BLVD.  
 SUITE 2132  
 CORAL SPRINGS FL 33067**

00001006



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
**510 SE 18th AVE**

3. Mailing Address  
**510 SE 18th AVE**

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH, FL**

City & State  
**POMPANO BEACH**

4. FEI Number **57-1091389** Applied For  
 Not Applicable

Zip **33060** Country **Broward**

Zip **FL** Country **BROWARD**

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

6. Name and Address of Current Registered Agent  
**ROWE, RONALD R  
 3857 TURTLE RUN BLVD.  
 SUITE 2132  
 CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent  
 Name **ROWE, RONALD R**  
 Street Address (P.O. Box Number is Not Acceptable)  
**510 SE 18th AVE**  
 City **POMPANO BEACH, FL** Zip Code **33060**

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 reinstating) 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	
TITLE D <input checked="" type="checkbox"/> Delete	ROWE, RONALD R
STREET ADDRESS	3857 TURTLE RUN BLVD., SUITE 2132
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ROWE RONALD R.
STREET ADDRESS	510 SE 18th AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald R. Rowe **RONALD R. ROWE** 3/22/05 954-448-3914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #