## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

## FILED Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # P01000093316 1. Entity Name JOHN ROKUSEK, INC. Principal Place of Business Mailing Address 1956 SE DRANSON CIR. 1956 SE DRANSON CIR. PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 03092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1146552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ANDERSON, TIMOTHY K ESQ. DO NOT WRITE 675 W. INDIANTOWN RD., SUITE 103 JUPITER, FL 33458 IN THIS SPACE . 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROKUSEK, JOHN 0000000296075 STREET ADDRESS 1956 SE DRANSON CIR. 134/14/05-80050-026 150.00 CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TITLE NAME ROKUSEK, LYN STREET ADDRESS 1956 SE DRANSON CIR. CITY-ST-ZIP PORT ST, LUCIE, FL 34952 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-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 attachness with all other like empowered.