

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90003 046 ***150.00

DOCUMENT # P02000071223

1. Entity Name

ROCA INC-DRYWALL AND OTHERS



Principal Place of Business

559 E. LAZY MEADOW DR
JACKSONVILLE, FL 32225

Mailing Address

P.O. BOX 351148
ORANGE PARK, FL 32073

24085455



2. Principal Place of Business

8620 Ranchwood Lane

3. Mailing Address

8620 Ranchwood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09142004

Chg-P

CR2E034 (10/03)

City & State

St Augustine, FL

City & State

St Augustine, FL

4. FEI Number

04-3674218

Applied For

Not Applicable

Zip

32092

Country

USA

Zip

32092

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMERO, LUISA OCAMPO
6200 BARNERS ROAD APTO P23
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Romero, Luisa Ocampo

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

8620 Ranchwood Ln

City

St Augustine

FL

Zip Code

32092

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 reinstating)

DATE

9/14/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROMERO, LUISA OCAMPO
STREET ADDRESS 559 E. LAZY MEADOW DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE V
NAME ROMERO, JOSE ROBERTO
STREET ADDRESS 559 E. LAZY MEADOW DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Romero, Luisa Ocampo ☒ Change ☐ Addition
STREET ADDRESS 559 E Lazy Meadow 8620 Ranchwood Ln
CITY-ST-ZIP St Augustine, FL 32092

TITLE V
NAME Romero, Jose Roberto ☒ Change ☐ Addition
STREET ADDRESS 8620 Ranchwood Ln
CITY-ST-ZIP St Augustine, FL 32092

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

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

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

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

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 #

9/14/04

904-284-0839