


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2005 90025 031 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P02000129888 1. Entity Name ROTH BUILDERS, INC. | |  | |
| Principal Place of Business 1915 35TH AVENUE VERO BEACH, FL 32960 | | Mailing Address 1915 35TH AVENUE VERO BEACH, FL 32960 | |
| 2. Principal Place of Business 3885 - 6th St. Suite, Apt. #, etc. | | 3. Mailing Address 3885 - 6th St. Suite, Apt. #, etc. | |
| City & State Vero Beach FL | | City & State Vero Beach, FL | |
| Zip 32960 | Country Indian R. | Zip 32960 | Country I.R. |
| 4. FEI Number 02-0657260 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROTH, MATTHEW A 1915 35TH AVENUE VERO BEACH, FL 32960 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00. | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D ROTH, MATTHEW A 1915 35TH AVENUE VERO BEACH, FL 32960 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete 3885 - 6th St. Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ROTH, MEGAN 1915 35TH AVE VERO BEACH, FL 32960 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete 3885 - 6th St. Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: MATTHEW A. ROTH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | MATTHEW A ROTH 3-20-05 772-778-8088 Date Daytime Phone # | |

50031869



03082005 Chg-P CR2E034 (10/03)