

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000130469 1. Entity Name ROKA PROPERTIES, INC.	
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Principal Place of Business 856 SILVER WOOD DR LAKE MARY, FL 32746	Mailing Address 856 SILVER WOOD DR LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2190225	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JAMES R JR
856 SILVER WOOD DR
LAKE MARY, FL 32746

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000000065779 02/25/04-80051-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAWKINS, JAMES R JR 856 SILVER WOOD DR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAWKINS, KAREN M 856 SILVER WOOD DR LAKE MARY, FL 32746
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IN THIS SPACE**

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

02-22-04 407-302-9004
Date Daytime Phone #

JAMES R. HAWKINS, JR