


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 012 \*\*\*150.00

<b>DOCUMENT # P03000066798</b>			
1. Entity Name <b>ROQUE &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>9868 SHERBROOK LANE JACKSONVILLE FL 32221</b>		Mailing Address <b>9868 SHERBROOK LANE JACKSONVILLE FL 32221</b>	
2. Principal Place of Business <b>11025 W. Beaver St.</b>		3. Mailing Address <b>11025 W. Beaver St.</b>	
Suite, Apt. #, etc. <b>#35</b>		Suite, Apt. #, etc. <b>#35</b>	
City & State <b>JAX FL</b>		City & State <b>JAX FL</b>	
Zip <b>32220</b>	Country <b>DUVAL</b>	Zip <b>32220</b>	Country <b>DUVAL</b>
6. Name and Address of Current Registered Agent <b>ROQUE, ANTHONY R 9868 SHERBROOK LANE JACKSONVILLE FL 32221 11025 W. BEAVER ST. JAX FL 32220</b>		7. Name and Address of New Registered Agent <b>N/A</b>	
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 <u><i>Anthony R. Roque</i></u> <b>President</b> DATE <u>2/03/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D ROQUE, ANTHONY R 9868 SHERBROOK LANE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11025 W. Beaver ST JAX FL 32220</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T ROQUE, GLENDA C 9868 SHERBROOK LANE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, VERNON A 9868 SHERBROOK LANE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, BROOK A 9868 SHERBROOK LANE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

*Change of Address*  
*The Anthony, Glenda, Ashley, & Brook*  
*Roque, 11025 W. Beaver Street, #35*  
*Jacksonville, FL 32220*  
*Change ADDRESSES*  
*ONLY*

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:** *Anthony R. Roque* **2/03/04 (904) 633-7358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #