

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90292 036 ***150.00

DOCUMENT # P03000093476

1. Entity Name
ROVA (FLORIDA) INC.



Principal Place of Business Mailing Address
C/O COAST-TO-COAST INVESTMENT GROUP INC. C/O COAST-TO-COAST INVESTMENT GROUP INC.
276 BALD EAGLE DR 276 BALD EAGLE DR
MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

2. Principal Place of Business 3. Mailing Address
MELONE'S BAKERY *MELONE'S BAKERY*
Suite, Apt. #, etc. Suite, Apt. #, etc.
2524 FOWLER ST. *2524 FOWLER ST*
City & State City & State
FT MYERS FL *FT. MYERS FL*
Zip Country Zip Country
33901 *lee* *33901*



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 0505 83 838 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ROLLER, PETRA
C/O COAST-TO-COAST INVESTMENT GROUP INC.
276 BALD EAGLE DR
MARCO ISLAND, FL 34145
Name *FRANK VORKAUF*
Street Address (P.O. Box Number is Not Acceptable) *1922 SE 37TH STREET*
City *CAPE CORAL FL* Zip Code *33904*

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 *Frank Vorkauf* DATE *04/23/04*
(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VORKAUF, SANDRA		NAME	<i>VORKAUF, SANDRA</i>	
STREET ADDRESS	AUF DER HORST 25		STREET ADDRESS	<i>1922 SE 37th St</i>	
CITY-ST-ZIP	33829 BORGHOLZHAUSEN GERMAN,		CITY-ST-ZIP	<i>CAPE CORAL FL 33904</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VORKAUF, FRANK		NAME	<i>VORKAUF, FRANK</i>	
STREET ADDRESS	AUF DER HORST 25		STREET ADDRESS	<i>1922 SE 37th St</i>	
CITY-ST-ZIP	33829 BORGHOLZHAUSEN GERMAN,		CITY-ST-ZIP	<i>CAPE CORAL FL 33904</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 attachment with an address, with all other like empowered.

SIGNATURE: *FRANK VORKAUF* *Frank Vorkauf* DATE *04/23/04* DAYTIME PHONE # *239380277*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR