


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000103762	
1. Entity Name ROTIDACH, INC.	

Principal Place of Business 2807 COUNTRY RIVER DR PARRISH, FL 34219	Mailing Address 2807 COUNTRY RIVER DR PARRISH, FL 34219
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CRZE034 (11/05)

4. FEI Number 20-0317529	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

**CARL, JILL N
2807 COUNTRY RIVER DR
PARRISH, FL 34219**

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000492678 04/19/06-80075-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARL, HOWARD B 2807 COUNTRY RIVER DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARL, TIMOTHY P 2807 COUNTRY RIVER DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLBERT, CHRISTOPHER R 2807 COUNTRY RIVER DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARL, JILL N 2807 COUNTRY RIVER DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JN Carl* **JILL N. CARL, R.A.** *4/3/06*