

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90032 043 ***150.00

DOCUMENT # P03000121289

1. Entity Name

ROKTEL INC.



Principal Place of Business

**170 PIONEER TRAIL
GREEN COVE SPRINGS FL 32043
US**

Mailing Address

**170 PIONEER TRAIL
GREEN COVE SPRINGS FL 32043
US**

44016100



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

2134 WEST LYMMINGTON WAY

2134 WEST LYMMINGTON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

20-0342166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COUGHLIN, JOSEPH D
170 PIONEER TRAIL
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

COUGHLIN, JOSEPH D

Street Address (P.O. Box Number is Not Acceptable)

2134 WEST LYMMINGTON WAY

City

ST. AUGUSTINE

FL

Zip Code

32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **COUGHLIN, JOSEPH D**
CITY-ST-ZIP **170 PIONEER TRAIL
GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P/V/T/S**
STREET ADDRESS **COUGHLIN, JOSEPH D**
CITY-ST-ZIP **2134 WEST LYMMINGTON WAY
ST. AUGUSTINE, FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

3/5/04
Date

904-759-7666
Daytime Phone #