2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

## Mar 29, 2006 08:00 AM DOCUMENT # P03000130544 **Secretary of State** Entity Name DAVID M ROHR CONSTRUCTION INC Principal Place of Business Mailing Address 922 MILL CREEK RD BRADENTON FL 34212 922 MILL CREEK RD **BRADENTON FL 34212** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20-0387623 Not Applie: Z∤p Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROHR, DAVID M Street Address (P.O. Box Number is Not Acceptable) 922 MILL CREEK RD BRADENTON FL 34212 City Zip Code 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 present name of registered agent and little if applicable (MOTE Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Defete BILE ☐ Change ☐ Additt NAME ROHR, DAVID M NAME UU0000483966 STREET ADDRESS 922 MILL CREEK RD STREET ADDRESS 04/12/06-80019-006 150.00 CHTY-ST-ZIP CITY-ST-ZP BRADENTON FL 34212 TITLE Delete TITLE Addition Change NAME MARIE STREET ADDRESS STREET ADDRESS City-St-21P CITY-SI-ZIP TITLE Oelete TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete THE Change Adding NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Admire NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRACE Oelete TITLE Change ☐ Additio NAME NAME STREEL AUDRESS STREET ADDRESS CITY-ST-ZIP 12. It hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Section 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

DAVIDM. ROHR

**FILED** 

3/24/06

941-748-5919