

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90110 033 ***150.00

DOCUMENT # P03000137486

1. Entity Name
DALE ROOP, INC.



Principal Place of Business
**2540 HELMS RD
WINTER HAVEN, FL 33884**

Mailing Address
**2540 HELMS RD
WINTER HAVEN, FL 33884**

50003203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2418097

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAUNDERS, THOMAS C AKELAND
1940 E EDGEWOOD DR
LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name
Dale Roop

Street Address (P.O. Box Number is Not Acceptable)
2540 Helms Road

City
Winter Haven

FL

Zip Code
33884

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

1-13-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROOP, DALE
2540 HELMS RD
WINTER HAVEN, FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ROOP, RENEE C
2540 HELMS RD
WINTER HAVEN, FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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

Date

Daytime Phone #

1-13-05

863-287-4285