## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P03000140254  1. Entity Name							Aug 26, 2005 08:00 AM Secretary of State				
ROTERIN	IG, INC.	÷				9					
Principal Plac	ce of Business	Mailir	ng Address	···							
I`			2289 SW HWY 17								
			RCADIA FL 34269								
2. Principal Place of Business 3. Ma			Mailing Address			<b>-</b>				11001 (( 104)	
Suite, Apt. #, etc.			Suite, Apt #, etc				nd MOORE	CR2E034 (	5/05)		
City & Stat	te	City & State			4. FEI Num	<sup>ber</sup> 20-04385	515	<del>   </del>	plied For it Applicable		
Zip	Country	Zip		Cour	ntry	5. Certificat	te of Status Desire		75 Add Required		
	6. Name and Address of Curren	t Register	ad Agent			7. Name an	d Address of Ne	w Registered Ager	it		
POTERING PICHARD P					Name						
ROTERING, RICHARD R 12289 SW HWY 17 ARCADIA FL 34269					Street Address (P.O. Box Number is No			able)			
				,	City			FI	Zip Code	<u> </u>	
The above named entity submits this statement for the purpose of changing its register.					'			r ∟	•		
	tions of registered_agent.	or the purp	iose of changing is	s register	ea attice or regi	stered agent, or b	oth, in the State of	i Fiorida, I am Tamii	iar with, i	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).											
	FILE NOW!!! FEE IS \$550.00		S.607 193(2)(b).	, F.S., alk	ows for the waiv	er of the \$400 00	9 Flection Car	mpaign Financing	\$5.0	00 May Be	
DUE BY September 7, 2005 late fee. By checking Make Check Payable to Florida Department of State did not receive pri					-		1	Contribution.		d to Fees	
Make Check Payable to Florida Department of State did no 10. OFFICERS AND DIRECTORS							1011411050 70.0		FATABL		
itte	PD OFFICERS AND	DIRECTO	Delete	11. ՈՄ		ADDITIONS		DFFICERS AND DIR			
NAME	ROTERING, RICHARD R		L1 Delete	NAM			Û87 <b>267(</b> 15	0377173 p -80001-021	550,		
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CITY-ST-ZIP	ARCADIA FL 34269			Criv	·S1·ZIP						
Unt	STD		☐ Delete	tite.	F				Change	Addition	
NAME STREET ADDRESS	ROTERING, BETTY J 12289 SW HWY 17			NAM	I .						
CITA+21-51b 21M44.1 MINME22	ARCADIA FL 34269			1	ET ADOPESS FST-ZiP						
TITLE .	7.11.07.03.27.12.042.00		☐ Delete	Tella					Change	☐ Addition	
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NAME			E Sciolo	NAM					Ondings	regulation	
STREET ADDRESS				SIR	ET ACURESS						
City-St-7iP				CITY	-SI-ZIP						
THE			☐ Delete	711()					Change	Addition	
NAME otoral aboutee				NAM							
CITY-ST-ZIF					ET ADDRESS -ST-ZIP						
	I certify that the information supplied wit	h this filing	does not qualify fo			Section 119 07/2	Mi) Florida Statuta	se I further contifue	nat tha in	formation	
indicated of the cor changed,	certify that the information supplied wit I on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address,	is true and nowered to with all of	accurate and that in execute this report the like empowered	my signa t as requi	ture shall have t	the same legal effe 607, Florida Statu	ect as if made und tes, and that my n	ler oath, that I am a ame appears in Blo	officer ck 10 or	or director Block 11 if	

**FILED** 

863-494-6341