## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # P04000022573** 04-14-2006 90146 015 \*\*\*158.75 ROO CONSTRUCTION, INC. Mailing Address Principal Place of Business P.O. BOX 10157 2416 CRESCENT COURT EAST BRADENTON, FL 34282 BRADENTON, FL 34208 3. Mailing Address 2. Principal Place of Business 2513 GOTH AVE W Suite, Apt. #, etc. CR2E034 (11/05) Chg-P 04122006 Applied For 4. FEI Number City & State City & State Not Applicable 20-0682879 BRADENTON **\$8.75** Additional Zip Country .Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LATREILLE, GRACE Street Address (P.O. Box Number is Not Acceptable) 4912 26TH STREET WEST ST #200 BRADENTON, FL 34207 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE TITLE PS Delete MANZELLA, JOEL NAME MANZELLA, JOEL NAME 2513 GOTH AVE W STREET ADDRESS 2416 CRESCENT COURT EAST STREET ADDRESS BRADENTON FL CITY- \$1-7IP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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 if changed, or on an attachment with an address, with all other like empowered.

GOL MANZOULA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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PROSINGET X

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