## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000022573

1. Entity Name
ROO CONSTRUCTION, INC.

Principal Place of Business

2513 60TH AVE W

L-5 BRADENTON, FL 34207 Mailing Address

P.O. BOX 10157 BRADENTON, FL 34282

NTON, FL 34207

6. Name and Address of Current Registered Agent

FILED Jan 08, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0682879

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

LATREILLE, GRACE 4912 26TH STREET WEST ST #200

#200 BRADENTON, FL 34207

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BRADENION, FL 34207			III TIIIO OT AOL		
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 algorithm required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DIRECT P MANZELLA, JOEL 2513 60TH AVE W BRADENTON, FL 34207	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		DO NOT WRITE	
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE					

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 time empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #