

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000053431

1. Entity Name
ROCHE LAND DEVELOPMENT GROUP INC.



FILED

07 MAY 15 AM 11:03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2240272
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIJAN, SIME
180 MARLEN DRIVE
MELBOURNE BEACH, FL 32951

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
P
DIJAN, SIME
180 MARLEN DRIVE
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
BENS, STEVEN
2207 ATLANTIC STREET, # 825
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4/15/23

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300103529843
05/30/07--01032--012 **561.25

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN P. BENS

4/19/07 321-446-9379
Date Daytime Phone #