

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000065790	
1. Entity Name ROVA, CORP. OF SOUTHWEST FLORIDA	



Principal Place of Business 2209 VISCAYA PKWY CAPE CORAL FL 33990	Mailing Address 2209 VISCAYA PKWY CAPE CORAL FL 33990
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FE# Number 16-1700566	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAMMARO, BRADFORD 2209 VISCAYA PKWY CAPE CORAL FL 33990	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P TAMMARO, VALERIE 2209 VISCAYA PKWY CAPE CORAL FL 33990	
V TAMMARO, BRADFORD 2209 VISCAYA PKWY CAPE CORAL FL 33990	
T KALKA, SANDY 13463 HAMPTON PK CT FT MYERS FL 33913	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000832887 04/16/08-80059-002 150.00	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bradford Tammaro **BRADFORD TAMMARO - 239-548-9857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR