## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000107934

**Entity Name:** ROCHESTERS STATUARY, INC.

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

2009 ALLENDE AVENUE 17729 SE 88TH COVINGTON CIRCLE

THE VILLAGES, FL 32162 THE VILLAGES, FL 32159

**Current Mailing Address: New Mailing Address:** 

2009 ALLENDE AVENUE 17729 SE 88TH COVINGTON CIRCLE THE VILLAGES, FL 32159 THE VILLAGES, FL 32162

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAISTER, BILLY WAISTER, BILLY 17729 SE 88TH COVINGTON CIRCLE 2009 ALLENDE AVENUE US THE VILLAGES, FL 32159 THE VILLAGES, FL 32162

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.

SIGNATURE: BILLY WAISTER 01/20/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition

WAISTER, BILLY Name: Name: WAISTER, BILLY

17729 SE 88TH COVINGTON CIRCLE 2009 ALLENDE AVENUE Address: Address:

City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: THE VILLAGES, FL 32162

Title: VTD Title: VTD (X) Change ( ) Addition ( ) Delete Name: LEWIS, ROBIN Name: NORDMAN, JOHN

2009 ALLENDE AVENUE 17729 SE 88TH COVINGTON CIRCLE Address: Address:

THE VILLAGES, FL 32159 THE VILLAGES, FL 32162 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

Name: NORDMAN, CAROL A Name:

17729 SE 88TH COVINGTON CIRCLE Address: Address:

City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY WAISTER **PSD** 01/20/2005