

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 032 ***150.00

DOCUMENT # P04000107934

1. Entity Name
ROCHESTERS STATUARY, INC.



Principal Place of Business
16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491

Mailing Address
16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491

2. Principal Place of Business - No P.O. Box #
2375 Ennque Dr.
Suite, Apt. #, etc.

3. Mailing Address
5422 C.R. 125 - The Fairways
Suite, Apt. #, etc.



04072007 Chg-P CR2E034 (12/06)

City & State
The Villages, FL
Zip 32159 Country

City & State
Wildwood, FL
Zip 34785 Country

4. FEI Number
20-1421060
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAISTER, BILLY
16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent

Name
Waister, Billy
Street Address (P.O. Box Number is Not Acceptable)
5422 County Road 125 - The Fairways
City Wildwood FL Zip Code 34785

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 PSD
STREET ADDRESS WAISTER, BILLY
CITY-ST-ZIP 16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491 ☐ Delete

TITLE
NAME VTD
STREET ADDRESS WAISTER, MELANIE
CITY-ST-ZIP 16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSD ☒ Change ☐ Addition
STREET ADDRESS waister, Billy
CITY-ST-ZIP 5422 C.R. 125 - The Fairways
Wildwood, FL 34785

TITLE
NAME VTD ☒ Change ☐ Addition
STREET ADDRESS waister, Melanie
CITY-ST-ZIP 5422 C.R. 125 - The Fairways
Wildwood, FL 34785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07