


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90025 029 ***150.00

DOCUMENT # P04000140554 1. Entity Name DEKA "ROC" TRUSTEE CORPORATION INC.					
Principal Place of Business 1700 62ND AVE SOUTH ST PETERBURG, FL 33712			Mailing Address 1700 62ND AVE SOUTH ST PETERBURG, FL 33712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 90-0244441			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LILAVOIS, DIAHAN M 1700 62ND AVE SOUTH ST PETERBURG, FL 33712			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D LILAVOIS, DIAHAN M 1700 62ND AVE SOUTH ST PETERBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILAVOIS, BERNARD "ROC" 1700 62ND AVE. SO. ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LILAVOIS, BERNARD S 1700 62ND AVE., SO. ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: <i>Diahan M. Lilavois</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # (727) 744-5514		

ATTACHMENT

60038422

#P04000140534

To Florida Department OF State

We did not receive the annual report notice, therefore enabling us to pay the \$150.00 fee at the schedule date. Please accept our report with the original annual report fee.

Thank You.

Diahan M. LiLavois

Diahan M. LiLavois Adm RN



Division of Corporations

Annual Report

Document Number

P04000140554

Business Entity Name

DEKA "ROC" TRUSTEE CORPORATION INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

900244441

FEI Number Status

☐ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☐ No

Principal Place of Business

Address 1700 62ND AVE SOUTH
Suite, Apt. #, etc.
City, State ST PETERBURG FL
Zip Code & Country 33712

Mailing Address

Address 1700 62ND AVE SOUTH
Suite, Apt. #, etc.
City, State ST PETERBURG FL
Zip Code & Country 33712

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LILAVOIS DIAHAN M

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1700 62ND AVE SOUTH

Suite, Apt. #, etc.

City, State ST PETERBURG FL

Zip Code & Country

ATTACHMENT

66038422

33712

US

#POL000140554

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Diahan M. Lilavois

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title VP/D
Name (Last, First, Middle, Title) LILAVOIS, DIAHAN, M

- OR -

Entity Name to serve as Officer/Director

Street Address 1700 62ND AVE SOUTH
City, State ST PETERBURG, FL
Zip Code & Country 33712

Title P
Name (Last, First, Middle, Title) LILAVOIS, BERNARD

- OR -

Entity Name to serve as Officer/Director

Street Address 1700 62ND AVE. SO.
City, State ST. PETERSBURG, FL
Zip Code & Country 33712

Title S
Name (Last, First, Middle, Title) LILAVOIS, BERNARD, S

- OR -

Entity Name to serve as Officer/Director

Street Address 1700 62ND AVE., SO.
City, State