2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000149148 1. Entity Name ROD AND TORR, INC						04-27-2006	90147 025 ***1	50.00
Principal Place	e of Business	Mailing Address			<u> 4.</u> 00	٠ - د ن ر		
1201 W HWY 50 CLERMONT, FL 34711 US		1201 W HWY 50 Clermont, FL 34711 US		11000000110	ā filās Sirii Pālis Afili Palis	êl 1201 21212 15 101 11211 Album	1011970 (1 170)	
2. Principal Pl	lace of Business	3. Mailing Address		-				
2. 17/////	DOG OF DEGITIONS	o was gradient						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202006	Chg-P	CR2E034 (11/0	5)	
City & State		City & State		4. FEI Numbe			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
RODRIGUEZ, APOLINAR A				Name				
1201 W HWY 50 CLERMONT, FL 34711				Street Address (P.O. Box Number is Not Acceptable)				
OLLINOTT, LE OTT T								
				City	FL Zip Code			
	named entity submits this statement forms of registered agent.	or the purpose of changing its	registere	ed office or registe	ared agent, or bot	h, in the State of Flo	orida. I am familiar wi	h, and accept
SIGNATURE_		40075					2475	
	Signature, typed or printed name of registered agen	and the rappicable. (NOTE	:: Hegslered	d Agent signature require	ed when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	PRS IN 11
TITLE	Р	☐ Delete	TITLE				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS	· ·	RODRIGUEZ, APOLINAR A		£				
CITY-ST-ZIP	1			ET ADODESS				
7771.5				ET ADORESS -ST-ZIP				
TITLE	VP	☐ Delete		-ST-ZIP			☐ Chang	e 🔲 Addition
NAME	VP TORRES, JUAN M	☐ Delete	TITLE NAME	-ST-ZIP E E			☐ Chang	e Addition
	VP	☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP			☐ Chang	e 🔲 Addition
NAME STREET ADORESS	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP E E EET ADDRESS -ST-ZIP			☐ Chang	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP TORRES, JUAN M 2424 WINCHESTER BLVD		TITLE NAME STRE CITY TITLE	-ST-ZIP E E E ET ADDRESS -ST-ZIP E				
NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, JUAN M 2424 WINCHESTER BLVD		CITY- TITLE NAME STRE CITY- TITLE NAME STRE	-ST-ZIP E E E -ST-ZIP E				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP TORRES, JUAN M 2424 WINCHESTER BLVD		CITY- TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE TITLE TITLE TITLE TITLE	-ST-ZIP E E E E E E -ST-ZIP E E E E E E E E E E E E E E E E E E E				e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY- TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE NAMM NAMM	-ST-ZIP E E E E E E E E E E E E E E E E E E			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	-ST-ZIP E E E E E E -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE	-ST-ZIP E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI NAMI NAMI	-ST-ZIP E E E E EET ADDRESS -ST-ZIP E E EET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY THEE NAME STREE CITY THEE NAME STREE CITY THEE NAME STREE CITY THEE NAME STREE	-ST-ZIP E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP TORRES, JUAN M 2424 WINCHESTER BLVD	☐ Delete	CITY- TITLE NAMI STRE CITY- TITLE	-ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, JUAN M 2424 WINCHESTER BLVD	Delete Delete	CITY THEE NAME STREE CITY	-ST-ZIP E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP TORRES, JUAN M 2424 WINCHESTER BLVD	Delete Delete	CITY TITLE NAMIN STRE	-ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition e 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/06

352) 394-4442