2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 19, 2007 08:00 AM DOCUMENT # P05000152252 **Secretary of State** ROESCH CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 13650 - 66TH STREET N. LARGO FL 33771 13650 - 66TH STREET N. **LARGO FL 33771** 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 26-2890082 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Ageny ROESCH, KENNETH M PRES 13650 66TH STREET NORTH **LARGO FL 33771** City 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed Apent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ШЕ ☐ Change ROESCH, KENNETH M III NAME NAME U000000841314 13650 - 66TH STREET STREET ADDRESS STREET ADDRESS 02/28/07-80102-010 150.00 LARGO FL 33771 CITY - ST - 7IP CITY-ST-ZIP THE ☐ Delele IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Delcie TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TIFE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP HUE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE Change ☐ Deleie Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP I hereby cortify 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 logal effect as if made under eath; 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: LOUIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR Days Days Days Phone &