


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 047 ***150.00

DOCUMENT # P06000139001		
1. Entity Name FLORIDAS ROADKILL, INC.		

Principal Place of Business 423 8TH STREET, NE WINTER HAVEN, FL 33881	Mailing Address 423 8TH STREET, NE WINTER HAVEN, FL 33881
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60012428

2. Principal Place of Business - No P.O. Box # 423 8TH ST NE	3. Mailing Address 423 8TH ST NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State Winter Haven	City & State
Zip 33881	Country USA

4. FEI Number 20-8213837	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
STRAUCH, KAI 423 8TH STREET, NE WINTER HAVEN, FL 33881	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Strauch	DATE 1/31/2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAUCH, KAI 423 8TH STREET, NE WINTER HAVEN, FL 33880 <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
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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: Strauch	DATE 1/31/2007 DAYTIME PHONE # 347 495 4020