

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90030 001 \*\*\*900.00



DOCUMENT # P06000141205

1. Entity Name  
 WASHINGTON ROPPE, INC.

Principal Place of Business  
 8846 FAITFUL TRACE  
 TALLAHASSEE FL 32309

Mailing Address  
 8846 FAITFUL TRACE  
 TALLAHASSEE FL 32309

FAITFUL

FAITFUL



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number

33-1150535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROPOCCIO, RONALD  
 8846 FAITFUL TRACE  
 TALLAHASSEE FL 32309

FAITFUL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  Delete  
 NAME: ROPOCCIO, RONALD  
 STREET ADDRESS: 8846 FAITFUL TRACE  
 CITY, ST, ZIP: TALLAHASSEE FL 32309

TITLE: V  Delete  
 NAME: ROPOCCIO, JODI  
 STREET ADDRESS: 8846 FAITFUL TRACE  
 CITY, ST, ZIP: TALLAHASSEE FL 32309

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME: FAITFUL  
 STREET ADDRESS: FAITFUL  
 CITY, ST, ZIP:

TITLE: P  Change  Addition  
 NAME: FAITFUL  
 STREET ADDRESS: FAITFUL  
 CITY, ST, ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

12. I hereby certify 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 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

DATE

Day and Phone #

*[Signature]*

1/12/07

(501)

302-5071

ATTACHMENT

66000372

# P06000141224

Dear Florida Dept. of State,

Please find the enclosed check for \$900 to cover the \$150 renewing cost for each of my 6 companies.

Please call with any questions.

Sincerely,

Jodi Roppocio

(561) 202-5071