

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000141213

Entity Name: FLAGLER ROPPE, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16838 64 PLACE NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

16838 64 PLACE NORTH  
LOXAHATCHEE, FL 33470 UN

**Current Mailing Address:**

16838 64 PLACE NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 33-1150531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROPPOCCIO, RONALD  
16838 64 PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROPPOCCIO, RONALD  
Address: 16838 64 PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P  
Name: ROPPOCCIO, JODI  
Address: 16838 64 PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JODI ROPPOCCIO

P

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date