

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90001 023 \*\*\*158.75

**DOCUMENT # P07000119392**

1. Entity Name  
**RODAMAR & ASSOCIATES, INC.**



Principal Place of Business  
**8393 TURNBERRY CIRCLE  
SARASOTA, FL 34241 US**

Mailing Address  
**PO BOX 639  
OSPREY, FL 34229 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**26-1333942**

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

**BAKER, MICHAEL L  
5702 CLARK ROAD  
SARASOTA, FL 34233**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RODAMAR, CATHERINE R  
PO BOX 639  
OSPREY, FL 34229** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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]* **RODAMAR & ASSOCIATES, INC.**

## ATTACHMENT

 IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

40114140  
#P070001/9392

Date of this notice: 10-31-2007

Employer Identification Number:  
26-1333942

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

RODAMAR & ASSOCIATES INC  
% CATHERINE RODAMAR  
PO BOX 639  
OSPREY, FL 34229

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-1333942. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

ATTACHMENT

40114140

# PO# 000119392

TO Whom it May Concern:

I did not receive the original  
summed Report notice so I request  
that the filing late fee be waived  
do to not receiving prior notice.

Sincerely

Catherine R. Rossmann

CATHERINE R. ROSSMAN

Rossmann & Associates, Inc.