


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P16952 1. Entity Name ROPPE CORPORATION	
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Principal Place of Business
**1602 NORTH UNION STREET
FOSTORIA, OH 44830**

Mailing Address
**1602 NORTH UNION STREET
FOSTORIA, OH 44830**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1535998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**A.G.C. CO
2300 SUN BANK CENTER
200 S. ORANGE ST
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

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	PD MILLER, DONALD P. 1602 NORTH UNION STREET FOSTORIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BAKER, MARK J 1602 NORTH UNION STREET FOSTORIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHALK, EUGENE N. 1602 NORTH UNION STREET FOSTORIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDMAN, DAN 1602 NORTH UNION STREET FOSTORIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, JUDY R 1602 N UNION ST FOSTORIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GILLET, ANGELA 1602 NORTH UNION STREET FOSTORIA, OH

U000000372150
07/11/05-80020-007 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #