

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90052 030 \*\*\*150.00

DOCUMENT # P93000008317

1. Entity Name

RICHARD L. ROQUEPLOT CONCRETE/MASONRY, INC.



Principal Place of Business

12161 GROSSPOINT AVENUE  
PORT CHARLOTTE FL 33981

Mailing Address

12161 GROSSPOINT AVENUE  
PORT CHARLOTTE FL 33981

40064361



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

1460 S. McCall Rd.

3. Mailing Address

17 LONG MEADOW LN

Suite, Apt. #, etc.  
2 D #16

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ENGLEWOOD FL

City & State

ROTONDA WEST FL

4. FEI Number

65-0384947

Applied For

Not Applicable

Zip

34223

Country

CHARLOTTE

Zip

33947

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROQUEPLOT, RICHARD L  
12161 GROSSPOINT AVENUE  
PORT CHARLOTTE FL 33981

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D ☐ Delete  
NAME ROQUEPLOT, RICHARD L  
STREET ADDRESS 12161 GROSSPOINT AVENUE  
CITY- ST- ZIP PORT CHARLOTTE FL 33981

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 17 LONG MEADOW LN  
STREET ADDRESS ROTONDA WEST FL 33947  
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

Daytime Phone #

RICHARD ROQUEPLOT 4-6-07 941-473-9330