

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000056597

1. Entity Name
ROTAG PLUS, INC.



FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90057 018 ***158.75

Principal Place of Business
11200 S. CLEVELAND AVE
FT MYERS, FL 33907 US

Mailing Address
11200 S. CLEVELAND AVE
FT MYERS, FL 33907 US



2. Principal Place of Business
14340 HICKORY FAIRWAY CT
Suite, Apt. #, etc.

3. Mailing Address
14340 HICKORY FAIRWAY CT
Suite, Apt. #, etc.

02182004 Chg-P CR2E034 (10/03)

City & State
FORT MYERS FL
Zip 33912 Country LEE

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FORT MYERS FL
Zip 33912 Country LEE

4. FEI Number
65-0475800
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELNICK, GREGORY E
9385 N 56TH STREET
SUITE 301
TEMPLE TERRACE, FL 33617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPT
NAME GAYLOR, GARY L.
STREET ADDRESS 14340 HICKORY FAIRWAY CT
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

TITLE VS
NAME GAYLOR, CAROLYN M.
STREET ADDRESS 14340 HICKORY FAIRWAY CT
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carolyn M. Gaylor CAROLYN M. GAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04 239-561-5124
Date Daytime Phone #