

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 001 ***200.00

DOCUMENT # P94000025826

1. Entity Name
ROCENA, INC.



Principal Place of Business
**31087 CORTEZ BLVD.
BROOKSVILLE, FL 34602**

Mailing Address
**31087 CORTEZ BLVD.
BROOKSVILLE, FL 34602**

03001000



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3240071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPECIALE, ROBERT
31087 CORTEZ BLVD.
BROOKSVILLE, FL 34602**

**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 \$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 **P**
NAME **SALMON, CECIL T**
STREET ADDRESS **31087 CORTEZ BLVD.**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **VD**
NAME **SPECIALE, ROBERT A**
STREET ADDRESS **31087 CORTEZ BLVD.**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE
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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)(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:

Robert A. Speciale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/4

Date

Daytime Phone #