
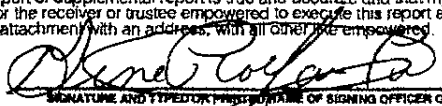


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000005963</b> 1. Entity Name <b>ROEFARO T CORP</b>		
Principal Place of Business 231-A DOUGLAS ROAD EAST SUITE 2 OLDSMAR, FL 34677	Mailing Address 231-A DOUGLAS ROAD EAST SUITE 2 OLDSMAR, FL 34677	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>04062004    No Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>59-3360851</b> </div> <div style="width: 35%;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%;"> <b>\$8.75 Additional Fee Required</b> </div> </div>		
6. Name and Address of Current Registered Agent  <b>ROEFARO, GENE R</b> <b>231-A DOUGLAS ROAD, SUITE 2</b> <b>OLDSMAR, FL 34677</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <div style="text-align: right;"> <b>04/26/04-80073-011 150.00</b> </div>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV <b>ROEFARO, GENE R</b> <b>20 WOODGLEN CT.</b> <b>OLDSMAR, FL</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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 officers and directors.</b>		
<b>SIGNATURE:</b> 		4-5-04    813 854-4344