


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P96000008712 1. Entity Name ROARK ENTERPRISES, INC. |  |
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| Principal Place of Business 1335 W. BRANDON BLVD. STE H BRANDON, FL 33511 US | Mailing Address 826 GOLF ISLAND DRIVE APOLLO BEACH, FL 33572 |
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01302006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3356111 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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| 6. Name and Address of Current Registered Agent ROARK, JAMES B 1335 W. BRANDON BLVD. SUITE H BRANDON, FL 33511 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000474790
04/04/06-80038-013 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS ROARK, JAMES B 826 GOLF ISLAND DRIVE APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROARK, MIRIAM 826 GOLF ISLAND DRIVE APOLLO BEACH, FL 33572 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Miriam Roark (813) 662-9824 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #