2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 18, 2004 8:00 am Secretary of State DOCUMENT # P96000067954 02-18-2004 90020 002 \*\*\*150.00 ROSCILLO CONCRETE & MASONRY INC. Mailing Address Principal Place of Business 24076 RAGIAN DR BROOKSVILLE BROOKSVILLE FL 34601 24076 RAGIAN DR BROOKSVILLE **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Kagan 24076 2407U KAGAN Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3399588 BROOKSVIIL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSCILLO, BEN PAUL Street Address (P.O. Box Number is Not Acceptable) 24076 RAGAN DR **BROOKSVILLE FL 34601** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete ROSCILLO, PAUL BEN NAME NAME STREET ADDRESS 24076 RAGAN DR STREET ADDRESS. 100%0 oune CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME ROSCILLO, BEN MAME 100% ours STREET ADDRESS 35140 RICARDSON BLVD STREET ADDRESS WESTON FL CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Addition TITLE Delete MAME NAME ROSCILLO, BEN PAUL -STREET ADDRESS STREET ADDRESS 35140 RICHARDON BLVD WESTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Kuscillo

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