

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90172 025 ***150.00

DOCUMENT # P96000067954
 1. Entity Name
 ROSCILLO CONCRETE & MASONRY INC.



Principal Place of Business: 24076 RAGAN DR. BROOKSVILLE FL 34601
 Mailing Address: 24076 RAGAN DR. BROOKSVILLE FL 34601

40028426



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 24076 Ragan Dr.
 Suite, Apt. #, etc.

3. Mailing Address: 24076 Ragan Dr.
 Suite, Apt. #, etc.

City & State: Brooksville Florida
 Zip: 34601 Country: Hernando

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 Zip: 34601 Country: Hernando

4. FEI Number: 59-3399588
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 ROSCILLO, BEN PAUL
 24076 RAGAN DR
 BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
 Name: Ben Rosillo
 Street Address (P.O. Box Number is Not Acceptable): 24076 Ragan Dr.
 City: Brooksville
 State: FL Zip Code: 34601

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: *Ben Rosillo* DATE: 3.2.05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSCILLO, PAUL BEN	
STREET ADDRESS	24076 RAGAN DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	O	<input type="checkbox"/> Delete
NAME	ROSCILLO, BEN	
STREET ADDRESS	35140 RICARDSON BLVD	
CITY-ST-ZIP	WESTON FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	ROSCILLO, BEN PAUL	
STREET ADDRESS	35140 RICHARDON BLVD	
CITY-ST-ZIP	WESTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Ben Rosillo* Ben Rosillo DATE: 3.2.05 (813) 695-9998
Signature and typed or printed name of signing officer or director Daytime Phone #