## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P97000017591 1. Entity Name ROTAB, INC. Mailing Address Principal Place of Business 6500 HURON TERRACE 6500 HURON TERRACE DAVIE, FL 33331 US DAVIE, FL 33331 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0731067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROLLE, ROY P. DO NOT WRITE 6500 HURON TERRACE **DAVIE, FL 33331** 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, lyped or printed name of registered agent and tide if applicable INOTE, Registered Agent signature required when reinstating) UODOOGAADIR 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 П 04/28/06-80029-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE ROLLE, ROY NAME STREET ADDRESS 6500 HURON TERRACE CITY-ST-ZIP **DAVIE, FL 33331** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TY

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