

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91040 004 ***150.00

DOCUMENT # P98000009202

1. Entity Name

ROE CONSTRUCTION & UTILITY SERVICES, INC.



Principal Place of Business

Adair
~~564 WAYMAN ST~~ *24715 Adair Ave*
~~LONGWOOD FL 32750~~
Sorrento, FL

Mailing Address

PO BOX 956
SORRENTO FL 32776-0956

2. Principal Place of Business

24715 Adair Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sorrento, FL

City & State

Suite, Apt. #, etc.

Zip

32776

Country

USA

Zip

Country

4. FEI Number

59-3490467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 SV
NAME ROE, JULIE G
STREET ADDRESS 564 WAYMAN ST
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE D
NAME DEAN, EDESEL
STREET ADDRESS 570 WAYMAN ST
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE PTC
NAME ROE, ALLAN L
STREET ADDRESS 564 WAYMAN ST
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SV
NAME ROE, JULIE
STREET ADDRESS 24715 Adair Ave
CITY-ST-ZIP Sorrento, FL 32776 ☒ Change ☐ Addition

TITLE D
NAME Dean, Edsel
STREET ADDRESS 24715 Adair Ave
CITY-ST-ZIP Sorrento, FL 32776 ☒ Change ☐ Addition

TITLE PTC
NAME ROE, ALLAN L
STREET ADDRESS 24715 Adair Ave
CITY-ST-ZIP Sorrento, FL 32776 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Allan Roe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

Daytime Phone #