2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036504

1. Entity Name ROESLER INVESTMENTS, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

786 S. ORANGE AVE SARASOTA, FL 34236 Mailing Address

786 S. ORANGE AVE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



02202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0915096 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

8. Name and Address of Current Registered Agent

CASWELL, CHRIS 2364 FRUITVILLE ROAD SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

				IN	I NIS SPACE
	named entity submits this statement for the patient of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title	f sonficable. (NOTE: Registers	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing _	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D ROESLER, KLAUS 786 S. ORANGE AVE SARASOTA, FL 34238 D ROESLER, URSULA 786 S. ORANGE AVE SARASOTA, FL 34236	CTORS			800000464445 03/21/06-80116-006 150.00
TITLE NAME STITEET ADDRESS CITY-ST-ZIP TITLE	AV MAYR, FRIEDRICH 786 S. ORANGE AVE SARASOTA, FL 34236				NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				114	THIO 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 ceth; 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-06

991-951-6222

- 1

Daytime Phone #