

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90051 014 ***150.00

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1. Entity Name
DEROLF & ASSOCIATES, INC.



Principal Place of Business
**3920 RIVERLAND RD
FORT LAUDERDALE, FL 33312**

Mailing Address
**3920 RIVERLAND RD
FORT LAUDERDALE, FL 33312**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0920919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEROLF, DENNIS J
3920 RIVERLAND RD
FORT LAUDERDALE, FL 33312-4630**

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEROLF, DENNIS J
STREET ADDRESS	3920 RIVERLAND RD
CITY - ST - ZIP	FORT LAUDERDALE, FL 333124630
TITLE	VP
NAME	JEAN DEROLF
STREET ADDRESS	3920 Riverland Rd
CITY - ST - ZIP	FL LAUDERDALE FL 33312-4630
TITLE	Sec
NAME	JULIE R. GORDON
STREET ADDRESS	3920 Riverland Rd
CITY - ST - ZIP	FL LAUDERDALE, FL 33312-4630
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis J. Derolf 2/8/06 954-321-3275