


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90120 021 \*\*\*158.75

**DOCUMENT # S58758**

1. Entity Name  
**RODAN BUILDERS, INC.**



Principal Place of Business  
**3745 5TH AVENUE NORTH**  
**ST. PETERSBURG, FL 33713 US**

Mailing Address  
**P.O. BOX 15336**  
**ST. PETERSBURG, FL 33733-5336 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3745 5th Ave N**  
 Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State  
**ST Petersburg**

City & State  
**ST Petersburg**

Zip  
**33713**

Country  
**USA**

4. FEI Number  
**59-3069293**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KARCHER, ELIZABETH K.**  
**3745 5TH AVENUE NORTH**  
**ST. PETERSBURG, FL 33713**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KARCHER, ELIZABETH</b> <b>4738 DARTMOUTH AVENUE NORTH</b> <b>ST. PETERSBURG, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KARCHER, GARTH</b> <b>4238 8TH NORTH NORTH</b> <b>ST. PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>KARCHER, RODERICK</b> <b>4738 DARTMOUTH AVENUE NORTH</b> <b>ST. PETERSBURG, FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KARCHER, NOLE</b> <b>4738 DARTMOUTH AVE</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KARCHER, DAVE</b> <b>4738 DARTMOUTH AVE</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3745 5th Ave N</b> <b>St Petersburg FL 33713</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **7/1/04** **727-329-6785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #