


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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3745 5th Ave N Suite, Apt. #, etc.
City & State	City & State ST Petersburg
Zip 33713	Country USA



07022004 Chg-P CR2E034 (10/03)

8. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARCHER, ELIZABETH 4738 DARTMOUTH AVENUE NORTH ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3745 5th Ave N St Petersburg FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARCHER, GARTH 4238 8TH NORTH NORTH ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KARCHER, RODERICK 4738 DARTMOUTH AVENUE NORTH ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARCHER, NOLE 4738 DARTMOUTH AVE SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARCHER, DAVE 4738 DARTMOUTH AVE SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04 **727-327-6785**
Date Daytime Phone #