


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90546 006 \*\*\*150.00

<b>DOCUMENT # S87432</b> 1. Entity Name <b>RO-CON SERVICES, INC.</b>	
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Principal Place of Business <b>675 WHITE TAIL LOOP APOPKA, FL 32712 US</b>	Mailing Address <b>P. O. BOX 762 APOPKA, FL 32704-0762</b>
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3091462</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>STOCKER, DENNIS N. 675 WHITE TAIL LOOP APOPKA, FL 32712</b>
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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's signature required when certifying) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STOCKER, DENNIS N. 675 WHITE TAIL LOOP APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STOCKER, ROSA LEE 675 WHITE TAIL LOOP APOPKA, FL
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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:** *Dennis N. Stocker* 4/15/05 407-884-0097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #