


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 048 ***150.00

DOCUMENT # P04000067154

1. Entity Name
ROCON DEVELOPMENT CORP.



Principal Place of Business Mailing Address

**1531 BEAVER DAM RD.
 POINT PLEASANT, NJ 08742 US** **1531 BEAVER DAM RD.
 POINT PLEASANT, NJ 08742 US**

2. Principal Place of Business 3. Mailing Address

705 Rt. 71 UNION AVE **705 Rt. 71 UNION AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

BRIELLE, NJ **BRIELLE, NJ**

Zip Country Zip Country

08730 USA 08730 USA

00000900



07082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-1049541 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, DENNIS T
 3616 PINE OAK CIRCLE
 UNIT # 103
 FORT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11041 HARBOUR YACHT CT, UNIT 101

City State Zip Code

FT. MYERS FL 33904

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 7, 2005

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	PRES ROBERTS, DENNIS T 1531 BEAVER DAM RD. POINT PLEASANT, NJ 08742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	705 Rt. 71 UNION AVE BRIELLE, NJ 08730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 T. Roberts* 8-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #