2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 590935

Address:

Title:

City-St-Zip:

ARIPEKA, FL 34607

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VTD

FILED Apr 25, 2005 Secretary of State

Entity Name: JAMES ROSENQUIST, INC. **Current Principal Place of Business: New Principal Place of Business:** ARIPEKA, FL 34679 **Current Mailing Address: New Mailing Address:** POBOX4 ARIPEKA, FL 34679 FEI Number: 11-2335303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENQUIST, JAMES 3217 SHINE LANE ARIPEKA, FL 34607 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GRUTMAN, BENNET GRUTMAN, BENNET Name: Name: 275 MADISON AVE 275 MADISON AVE Address: Address: NEW YORK, NY City-St-Zip: City-St-Zip: NEW YORK, NY 10016 Title: PD Title: () Delete () Change () Addition Name: ROSENQUIST, JAMES, Name: 3217 SHINE LANE Address:

City-St-Zip:

Title:

ROSENQUIST, JOHN, Name: Name: 3217 SHINE LANE Address: Address:

City-St-Zip: ARIPEKA, FL 34607 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. ROSENQUIST PD 04/25/2005

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