


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K62314**  
 1. Entity Name  
 ROSE SERVICES, INC.



Principal Place of Business      Mailing Address  
 % ROSE WILLIAM                      % ROSE WILLIAM  
 170 CUMBERLAND PARK DRIVE      170 CUMBERLAND PARK DRIVE  
 SAINT AUGUSTINE, FL 32095          SAINT AUGUSTINE, FL 32095



01082004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
 59-2928607                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROSE, WILLIAM  
 33 VALENCIA STREET  
 ST. AUGUSTINE, FL 32084

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSE, MARCHAL NEIL, II
STREET ADDRESS	12850 MISTLE TOE PLACE
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	STD
NAME	ROSE, JOHN MCDONNELL
STREET ADDRESS	1308 SPARKLEBERY COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	DV
NAME	ROSE, WILLIAM MINTON
STREET ADDRESS	1515 KINGSWOOD
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	ROSE, WILLIAM NEIL
STREET ADDRESS	33 VALENCIA STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32085
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

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:** Neil Rose      January 14, 2004      (904) 824-8849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #