


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 % ROSE WILLIAM 170 CUMBERLAND PARK DRIVE SAINT AUGUSTINE, FL 32095	Mailing Address % ROSE WILLIAM 170 CUMBERLAND PARK DRIVE SAINT AUGUSTINE, FL 32095
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2928607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD ROSE, MARCHAL NEIL, II 12850 MISTLE TOE PLACE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSE, JOHN MCDONNELL 1308 SPARKLEBERY COURT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ROSE, WILLIAM MINTON 1515 KINGSWOOD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, WILLIAM NEIL 33 VALENCIA STREET ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/15/04-80005-015 150.00

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 #