2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90063 047 ***158.75

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1. Entity Name
ROSE MECHANICAL CONTRACTOR, INC

Principal Place of Business	Mailing Address
4430 SADDLEWORTH CIRCLE ORLANDO, FL 32826	P.O. BOX 4511 WINTER PARK, FL 32793-4511

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1025 S. Semoran Blvd	
Suite, Apt. #, etc. 1093	Suite, Apt. #, etc.
City & State Winter Park, Fl	City & State
Zip 32792 Country U.S.A.	Zip Country

4. FEI Number 20-0013741 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, MARK J 4430 SADDLEWORTH CIRCLE ORLANDO, FL 32826	Name: Rose, Mark J. Street Address (P.O. Box Number is Not Acceptable): 438a-A Lake Underhill Rd City: Orlando FL Zip Code: 32803

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 reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D ROSE, MARK J 4430 SADDLEWORTH CIRCLE ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D Rose, Mark J. P.O. BOX 4511 Winter Park, FL 32793-4511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D ROSE, CATHY J 4430 SADDLEWORTH CIRLCE ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D Rose, Cathy JD P.O. BOX 4511 Winter Park, FL 32793-4511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALDEN, MORGAN L P.O. BOX 141124 ORLANDO, FL 32814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Morgan L Walden Morgan L. Walden Sec. 1-20-04 407 948 4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #