

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000097711

**1. Entity Name
STEPHEN GARY ROZA INVESTMENTS INC.**



**Principal Place of Business
2801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33680 US**

**Mailing Address
P.O. BOX 310227
TAMPA, FL 33680 US**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1206844

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROZA, STEPHEN
2801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33680**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000391624
01/24/06-80045-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROZA, STEPHEN
STREET ADDRESS 2801 EAST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #