2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097711

1. Entity Name
STEPHEN GARY ROZA INVESTMENTS INC.

Principal Place of Business	Mailing Address
2801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33680 US	P.O. BOX 310227 TAMPA, FL 33680 US

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1206644	Not Applicable

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

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000780762 01/15/08-80007-019 150.00

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	

DO NOT WRITE 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: _____   1/8/08   813-231-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #