## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 06, 2006 08:00 AM

ANNUAL REPURT					Secretary of State			
DOCL	JMENT # P03000156			Secre	tary or	State		
1. Entity Na	me							
HENRY	DEAN ROSE, PA	-		<b>'</b> }		`		
<u> </u>				_				
( '	ce of Business	- Mailing Address						
2026 TEAG Naples, Fl		2026 TEAGARDEN LN NAPLES, FL 34110 US						
{		200112 01110 00		5 588335884 5	11 <b>62125</b> 5111 <b>32</b> 111 <b>4</b> 211 <b>4</b> 21	97 11881 Bires Bress (188	WEET CERTER IL IEE	
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			~ <b>-</b>	02282006	No Chg-P	CR2E034 (11	/05)	
L	OO NOT WRITE	CE	4. FEI Numb			Applied For		
		•		20-050	9320		Not Applicable	
				5. Certificate	of Status Desired		5 Additional equired	
	6. Name and Address of Current	Registered Agent		·				
	CCOUNTING PA			70	NOT W	DITC		
	DLETTE 2DN		טט	NOT W	KIIE			
: D304 : NAPLES, FL 34102				IN T	THIS SP	ACE		
							-	
ā, The above	e named entity submits this statement fo	r the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I em familier	with, and accept	
the obliga	itions of registered agent.					The second secon	man and the second	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE Registers	d Agent signature required	when reinstating)		DATE	<del></del>	
FIL After M	E NOWIII FEE IS \$150.00 lay 1, 2006 Fee will be \$550.0	S. Election Campaign Finar     Trust Fund Contribution.	ocing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS				· · · · · · · · ·		
TITLE NAME	P ROSE, HENRY D		1					
STREET ADDRESS	2026 TEAGARDEN LN		1				•	
CITY-ST-ZIP	NAPLES, FL 34110	·			UDO	000494364		
TITLE NAME	S, T ROSE, KIMBERLEY D	-			. 04/28/	06-80043-	007 150.0	
STREET ADERESS	2028 TEAGARDEN LN	•						
CITY-ST-ZIP	NAPLES, FL 34110	<u> </u>						
TITLE NAME								
STREET ADDRESS				<b>D</b>	NOT			
CITY-ST-ZIP				DO	NOT W	KIIE		
TITLE				IN 7	THIS SP	ACE		
NAME STREET ADDRESS			* -					
City-ST-Zip					•		** .	
TITLE								
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME			1				· <del></del>	

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

SIGNATURE

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cayting Pront 1

STREET ADDRESS CITY-ST-ZIP