

FILED
Aug 03, 2005 8:00 am
Secretary of State

07-13-2005 90017 030 ***550.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000079947			
1. Entity Name TRI-ROSE INVESTMENT GROUP, INC.			
Principal Place of Business 329 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32084 US		Mailing Address 1630 MEDICAL LANE SUITE C FT. MYERS, FL 33907 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-2002318		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANKOWSKI, KELLIE 329 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 JANKOWSKI, KELLIE 329 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Colleen Monagas 5166 Keanwood Ct PALM HARBOR FL, 34685 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANKOWSKI, KELLIE 329 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32084 ☒ 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, the empowered.			
SIGNATURE: <u>Kellie Jankowski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7/11/05</u> (904) 280-0848 Date Daytime Phone #	