

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90097 016 \*\*\*150.00

**DOCUMENT # P97000023850**

1. Entity Name  
 ROSEMARY BEACH COTTAGE RENTAL COMPANY



Principal Place of Business  
 16 SOUTH BARRETT SQ.  
 PANAMA CITY BEACH, FL 32413

Mailing Address  
 PO BOX 611070  
 ROSEMARY BEACH, FL 32461

2. Principal Place of Business


3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

40023031



02272006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3455272 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME HIAN, HOWARD STREET ADDRESS 2850 SUGARMAN COURT CITY-ST-ZIP LA JOLLA, CA 92037	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE V Delete <input type="checkbox"/>	NAME SELLECK, JULIE H STREET ADDRESS 16 SO. BARRETT SQ. CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE DP Delete <input type="checkbox"/>	NAME BIENVENUE, PATRICK STREET ADDRESS 529 EAST SOUTH TEMPLE CITY-ST-ZIP SALT LAKE CITY, UT 84102	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE DTS Delete <input type="checkbox"/>	NAME CORRINE MAKI STREET ADDRESS 529 E. SOUTH TEMPLE CITY-ST-ZIP SALT LAKE CITY, UT 84102	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE VPD Delete <input type="checkbox"/>	NAME PINNOCK, LAURENCE W STREET ADDRESS 529 E. SOUTH TEMPLE CITY-ST-ZIP SALT LAKE CITY, UT 84102	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP
TITLE VP Delete <input type="checkbox"/>	NAME GIFFORD, KENNETH STREET ADDRESS 16 SO. BARRETT SQ. CITY-ST-ZIP PANAMA CITY, FL 32413	TITLE  Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME  STREET ADDRESS CITY-ST-ZIP

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:** *Julie Selleck, VP* **JULIE SELLECK** **2/27/06** **850231-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #