


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 OCT 20 PM 3:25
P99000014985

DOCUMENT # P99000014985					
1. Entity Name ROSE AND ASSOCIATES OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 4533-4 SUNBEAM RD. JACKSONVILLE, FL 32257			Mailing Address 4533-4 SUNBEAM RD. JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSE, HARRIET C 4533-4 SUNBEAM RD JACKSONVILLE, FL 32257			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ROSE, ROBERT R 4533-4 SUNBEAM RD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, HARRIET C 4533-4 SUNBEAM RD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: <u>HARRIET C ROSE</u>		Date: <u>7/12/04</u>		Daytime Phone #: <u>(904) 737-1106</u>	

7/22/04 9:00 AM 001 30000
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07152004 Chg-P CR2E034 (10/03)

TR

ROSEBILT, INC.
4533-4 SUNBEAM ROAD
JACKSONVILLE, FLORIDA 32257
(904) 737-1106

Secretary of State
Reinstatement of Corporations

ATT: TINA

FAX #: (850) 245-6017

Dear Tina,

Per your request, I am requesting reinstatement of the following corporations for the reason we did not receive prior notices.

Rosebilt, Inc. F92679

and

Rose and Associates of Northeast Florida, Inc P99000014985

Please contact me at the above number or (904) 509-3346 as to the status of these corporations.

Thank you for your time and patience

As I respectfully remain,

Sincerely yours,



Harriet C. Rose
President