



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90184 003 ***150.00

DOCUMENT # 531349 1. Entity Name ED ROSE AND COMPANY, INC.																																																																																																																																									
Principal Place of Business 7511 SEARS BLVD PENSACOLA, FL 32514				Mailing Address 7511 SEARS BLVD PENSACOLA, FL 32514																																																																																																																																					
2. Principal Place of Business 21 E. Garden Street Suite, Apt. #, etc. SUITE 210 City & State Pensacola, FL Zip 32502		3. Mailing Address 21 E. Garden St. Suite, Apt. #, etc. SUITE 210 City & State Pensacola, FL Zip 32502																																																																																																																																							
Country USA		Country USA		02232005 Chg-P CR2E034 (10/03)																																																																																																																																					
4. FEI Number 59-1735170				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent ROSE, EDWARD J 7511 SEARS BLVD PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name ROSE, Edward J. Street Address (P.O. Box Number is Not Acceptable) 21 E. Garden Street SUITE 210 City Pensacola FL Zip Code 32502																																																																																																																																						
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: Edward J. Rose, President DATE: 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSE, EDWARD J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7797 PETERSON POINT RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MILTON, FL 32583</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSE, ELNER THERESA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7797 PETERSON POINT RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MILTON, FL 32583</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RIVERS, SAMUEL M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1209 BLUE FOX PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32514</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	ROSE, EDWARD J		STREET ADDRESS	7797 PETERSON POINT RD		CITY-ST-ZIP	MILTON, FL 32583		TITLE	SD	<input type="checkbox"/> Delete	NAME	ROSE, ELNER THERESA		STREET ADDRESS	7797 PETERSON POINT RD		CITY-ST-ZIP	MILTON, FL 32583		TITLE	V	<input type="checkbox"/> Delete	NAME	RIVERS, SAMUEL M		STREET ADDRESS	1209 BLUE FOX PLACE		CITY-ST-ZIP	PENSACOLA, FL 32514		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: Edward J. Rose DATE: 2/22/05 Daytime Phone: 850-437-0210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									