

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K62314

**Entity Name:** ROSE SERVICES, INC.

**Current Principal Place of Business:**

% ROSE NEIL  
170 CUMBERLAND PARK DRIVE  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

% ROSE NEIL  
170 CUMBERLAND PARK DRIVE  
SAINT AUGUSTINE, FL 32095

**FEI Number:** 59-2928607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSE, NEIL  
33 VALENCIA STREET  
ST. AUGUSTINE, FL 32084 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ROSE, MARCHAL NEIL, II  
Address 12850 MISTLETOE PLACE  
City-State-Zip: JACKSONVILLE FL 32246

Title STD  
Name ROSE, JOHN MCDONNELL  
Address 497 BELL BRANCH LANE  
City-State-Zip: JACKSONVILLE FL 32259

Title DV  
Name ROSE, WILLIAM MINTON  
Address 13846 ATLANTIC BLVD  
UNIT 510  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL ROSE

**PRESIDENT**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date