

2017 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

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date