

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 311887

1. Entity Name
SPRINGROSE INC



Principal Place of Business
**979 FLAMEVINE LANE
VERO BEACH FLA, 32963**

Mailing Address
**979 FLAMEVINE LANE
VERO BEACH, FL 32963**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1222622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FROELICH, PETER G.
2976 59TH AVE
VERO BEACH, FL 32966**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FROELICH, PETER G.
2976 59TH AVE
VERO BEACH, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SPRINGER, JACQUELINE E
999 FLAMEVINE LANE
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FROELICH, MARILYN
2976 59TH AVE
VERO BEACH, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROSE, EDWARD L. JR.
969 FLAMEVINE AVE.
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROSE, MITZI
969 FLAMEVINE LANE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000391964
01/24/06-80061-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER G. FROELICH

Date

1/16/06 (772) 231-4755

Daytime Phone #