2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

Mar 06, 2006 08:00 AM **DOCUMENT # 417442 Secretary of State** ROSARC INC Principal Place of Business Mailing Address 5741 UNIVERSITY BOULEVARD W. JACKSONVILLE FL 32216 5741 UNIVERSITY BOULEVARD W. JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #. etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-1438351 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADDOCK, DONALD L. 10742 WAVERLY BLUFF WAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RULE ☐ Delete TITLE Change Addition 000000457177 NAME BRADDOCK, DONALD L. MAME 03/16/06 80057-007 150.00 STREET ADDRESS STREET AUDRESS 10742 WAVERLY BLUFF WAY City-51-21P JACKSONVILLE FL 32223 CITY-ST-ZIP TPD Defete ☐ Change Addition TITLE NAME ROSSNER, RONALD NAME STREET ADDRESS STREET ADDRESS 3555 BATEAU RD E. CITY-ST-ZIF CITY-ST-ZIP JACKSONVILLE FL C Ostete TITLE Change ■ Addition TITLE VSD ROSSNER, SUSAN M. STREET ADDRESS STREET ADDRESS 3555 BATEAU RO E. CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP □ Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, 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

FILED

3-1-06

914.227-2822