


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 502284 1. Entity Name JERALD I. ROSEN, ATTORNEY-AT-LAW, CHARTERED	
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Principal Place of Business
711 BEAR SHADOW CT
LONGWOOD, FL 32791-2107

Mailing Address
711 BEAR SHADOW CT
P O BOX 915107
LONGWOOD, FL 32791-2107



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1686284	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSEN, JERALD I.
711 BEAR SHADOW COURT
LONGWOOD, FL 32779

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD ROSEN, JERALD I. 711 BEAR SHADOW CT LONGWOOD, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jerald I. Rosen JERALD I. ROSEN 1/3/05 407/6822790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone