
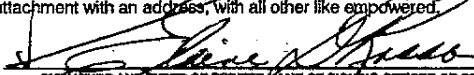


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # 568012 1. Entity Name ROSSON COMPANY, INC.		
Principal Place of Business 1460 GEORGE JENKINS BLVD. LAKELAND, FL 33801 US	Mailing Address 1533 JAE PLACE LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ROSSON, GENE T 1533 JAE PLACE LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSON, GENE T 1533 JAE PLACE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSSON, ELAINE D 1533 JAE PLACE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-23-04 1863-686-5686 <small>Date Daytime Phone #</small>



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1822772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**