2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 568012

1. Entity Name

ROSSON COMPANY, INC.

Principal Place of Business	Mailing Address
1460 GEORGE JENKINS BLVD. LAKELAND FL 33801 US	1533 JAE PLACE LAKELAND FL 33803

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1822772 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSON, GENE T
1533 JAE PLACE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________ DATE
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
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSSON, GENE T		NAME		
STREET ADDRESS	1533 JAE PLACE		STREET ADDRESS	000000449085	
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP	03/09/06 80042 003 150.00	
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSSON, ELAINE D		NAME		
STREET ADDRESS	1533 JAE PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ 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 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: Elaine D Rosson 2-22-06 863-686-5686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #