
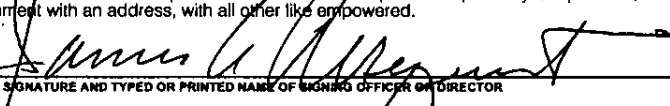


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 590935 1. Entity Name JAMES ROSENQUIST, INC.		
Principal Place of Business P O BOX 4 ARIPEKA, FL 34679	Mailing Address P O BOX 4 ARIPEKA, FL 34679	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSENQUIST, JAMES 3217 SHINE LANE ARIPEKA, FL 34607		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) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRUTMAN, BENNET 275 MADISON AVE NEW YORK, NY 10016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENQUIST, JAMES 3217 SHINE LANE ARIPEKA, FL 34607	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ROSENQUIST, JOHN 3217 SHINE LANE ARIPEKA, FL 34607	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		5-15-07 352-683-1985 <small>Date Daytime Phone #</small>



05212007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2335303

Applied For
Not Applicable

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

U000000760979
05/25/07-80035-022 150.00

**DO NOT WRITE
IN THIS SPACE**