

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593715

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: ROSE DRY WALL, INC.

## Current Principal Place of Business:

18805 HANNA RD  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 919  
LUTZ, FL 335480919

## New Mailing Address:

FEI Number: 59-2094166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, MICHAEL N.  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSDV ( ) Delete  
Name: ROSE, PATSY L.,  
Address: 18805 HANNA ROAD  
City-St-Zip: LUTZ, FL 33549

Title: TCD ( ) Delete  
Name: ROSE, EDDIE W.,  
Address: 18805 HANNA RD  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDV (X) Change ( ) Addition  
Name: ROSE, PATSY L.,  
Address: 18805 HANNA ROAD  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: ROSE, MICHELLE RENEE,  
Address: 4701 ROUNDVIEW CT.  
City-St-Zip: LAND O' LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY L. ROSE

PDV

03/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date