

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000397

FILED
Jul 17, 2006
Secretary of State

Entity Name: ROSE OFFICE SYSTEMS, INC.

Current Principal Place of Business:

207 STETSON LANE
ALABASTER, AL 35007

New Principal Place of Business:

Current Mailing Address:

PO BOX 608
SAGINAW, AL 35137

New Mailing Address:

FEI Number: 63-1210034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS, INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CAIN, GARRY
Address: 207 STETSON LANE
City-St-Zip: ALABASTER, AL 35007

Title: VCVP () Delete
Name: CAIN, BARBARA
Address: 207 STETSON LANE
City-St-Zip: ALABASTER, AL 35007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JULIE WARD

TSR

07/17/2006

Electronic Signature of Signing Officer or Director

Date