

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90365 028 ***158.75

DOCUMENT # F07302

1. Entity Name
ROST, INC.



Principal Place of Business
**2875 MCI DRIVE
SUITE B
PINELLAS PARK FL 33782
US**

Mailing Address
**2875 MCI DRIVE
SUITE B
PINELLAS PARK FL 33782
US**

2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2210100

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAREAU, RENE
2875 MCI DRIVE
PINELLAS PARK FL 33782**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ☐ Delete
NAME **DP**
STREET ADDRESS **FENTON, SHELDON C**
CITY-ST-ZIP **2875 MCI DRIVE SUITE B
PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **VAN ZANDT, RUSSELL**
CITY-ST-ZIP **2875 MCI DRIVE SUITE B
PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **GAREAU, RENE A**
CITY-ST-ZIP **2875 MCI DRIVE SUITE B
PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RITTER, ALFRED**
CITY-ST-ZIP **2875 MCI DRIVE SUITE B
PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SIMMONS, PAUL**
CITY-ST-ZIP **2875 MCI DRIVE SUITE B
PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Sheldon C. Fenton - CEO & President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 576-1600
202