

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # F19488

**1. Entity Name
ROSEWOOD DEVELOPMENT CORPORATION**



**Principal Place of Business
370 CENTER POINTE CIRCLE
STE 1136
ALTAMONTE SPRINGS, FL 32701 US**

**Mailing Address
370 CENTER POINTE CIRCLE
STE 1136
ALTAMONTE SPRINGS, FL 32701 US**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2141631**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**PASQUALETTI, JOSEPH
370 CENTER POINTE CIRCLE
STE 1136
ALTAMONTE SPRINGS, FL 32701**

**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:

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	PASQUALETTI, JOSEPH
STREET ADDRESS	370 CENTER POINTE CIRCLE STE 1136
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	JONES, PETER E
STREET ADDRESS	370 CENTERPOINTE CIR., SUITE 186
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	S
NAME	PASQUALETTI, JOSEPH P
STREET ADDRESS	370 CENTERPOINTE CIR., SUITE 1136
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PASQUALETTI

4/12/2005

Date

(407) 352-1333

Daytime Phone #