07-22-2004 90088 001 ***300.00
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92679

1. Entity Name
ROSEBILT, INC.

66430438

Principal Place of Business	Mailing Address
4533 -4 SUNBEAM ROAD JACKSONVILLE, FL 32217	4533 -4 SUNBEAM ROAD JACKSONVILLE, FL 32217
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2395223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, HARRIET C.
4533-4 SUNBRAM RD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ROSE, HARRIET C		NAME	Rose, Harriet C.	
STREET ADDRESS	3713 PONCE DE LEON AVE.		STREET ADDRESS	4533-4 Sunbeam Rd	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, Fl	
TITLE	STD	☐ Delete	TITLE	STD	☒ Change ☐ Addition
NAME	ROSE, ROBERT R., SR.		NAME	Rose, Robert R.	
STREET ADDRESS	3717 PONCE DE LEON AVE.		STREET ADDRESS	4533-4 Sunbeam Rd	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville Fl	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Harriet C Rose 7/12/04 (904) 737-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROSEBILT,INC.
4533-4 SUNBEAM ROAD
JACKSONVILLE, FLORIDA 32257
(904) 737-1106

Secretary of State
Reinstatement of Corporations

ATT: TINA

FAX #: (850) 245-6017

Dear Tina,

Per your request, I am requesting reinstatement of the following corporations for the reason we did
not recieve prior notices.

Rosebilt,Inc. F92679

and

Rose and Associates of Northeast Florida, Inc P99000014985

Please contact me at the above number or (904) 509-3346 as to the status of these corporations.

Thank you for your time and patience

As I respectfully remain,

Sincerely yours,

Harriet C. Rose

Harriet C. Rose
President