

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90046 027 \*\*\*150.00

**DOCUMENT # F95000001836**

1. Entity Name

**ROSS MANUFACTURING CORPORATION**



Principal Place of Business

**4747 N. OCEAN DR.  
SUITE 223  
FT. LAUDERDALE FL 33308**

Mailing Address

**4747 N. OCEAN DR.  
SUITE 223  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0064658**

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

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, 2005 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**

**ADDRESS CHANGE**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **ARONSON, ROBERT R**  
STREET ADDRESS **4747 N. OCEAN DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **PT** ☒ Change ☐ Addition  
NAME **ARONSON, ROBERT R**  
STREET ADDRESS **2301 N.W. 33rd Court, #115**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **VS** ☐ Delete  
NAME **ARONSON, R. DOUGLAS**  
STREET ADDRESS **4747 N. OCEAN DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **VS** ☒ Change ☐ Addition  
NAME **ARONSON, R. DOUGLAS**  
STREET ADDRESS **2301 N.W. 33rd Court, #115**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 21, 2005 954 969 7755*