

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 022 ***150.00

DOCUMENT # G59226
1. Entity Name Robert P. Rosin, Chartered



DO NOT WRITE IN THIS SPACE

40006079

2. Principal Place of Business 7132 N. Serenoa Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 40 Suite, Apt. #, etc.
City & State Sarasota, FL 34241 Zip Country	City & State Sarasota, FL 34230 Zip Country

CR2E034B (8/05)

4. FEI Number 59-2329218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Robert P. Rosin	
	Street Address (P.O. Box Number is Not Acceptable) 7132 N. Serenoa Drive	
	City Sarasota	Zip Code FL 34241

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 not applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert P. Rosin 7132 N. Serenoa Dr. Sarasota, Florida 34241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Andrew W. Rosin 1820 Ringling Blvd. Sarasota, Florida 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Matthew W. Rosin 2301 Cherry Street Unit 4KK Philadelphia, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Director Marcus A. Rosin 5906 Oxwood Meadow Cumming, GA 30040-5925	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert P. Rosin President **01/17/05** (941) 927-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #