

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90010 019 ***150.00



DOCUMENT # G59226	
1. Entity Name ROBERT P. ROSIN, CHARTERED	
Principal Place of Business 7132 N SERENOA DR SARASOTA FL 34241	Mailing Address P O BOX 40 SARASOTA FL 34230 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
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



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSIN, ROBERT P. 7132 N SERENOA DR SARASOTA FL 34241		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 Not Applicable

Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ROSIN, ROBERT P 222 OSPREY POINT DRIVE OSPREY FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	SD ROSIN, MARCUS A. 5903 BOXWOOD MEADOW CUMMING GA 30040-5925 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD ROSIN, MATTHEW L 2301 CHERRY ST UNIT 4-K PHILADELPHIA PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VPD Rosin, Andrew W. 1820 Ringling Blvd Sarasota, Florida 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ROSIN, ANDREW W 1820 RINGLING BOULEVARD SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Rosin, Matthew L. 2301 Cherry Street, Unit 4-K Philadelphia, PA 19103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ *26 January 2007* (941) 9278050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #