

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2329218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSIN, ROBERT P.
7132 N SERENOA DR
SARASOTA, FL 34241**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000796268
01/29/08-80027-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSIN, ROBERT P
STREET ADDRESS	222 OSPREY POINT DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	SD
NAME	ROSIN, MARCUS A.
STREET ADDRESS	5903 BOXWOOD MEADOW
CITY-ST-ZIP	CUMMING, GA 300405925
TITLE	VPD
NAME	ROSIN, ANDREW W
STREET ADDRESS	1820 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD
NAME	ROSIN, MATTHEW L
STREET ADDRESS	2301 CHERRY STREET, UNIT 4-K
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Resident 22 January 2008 (941) 9278050