

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90018 048 \*\*\*158.75

**DOCUMENT # G67089**

1. Entity Name

DALE C. ROSSMAN, INC.



Principal Place of Business

502 COUNTRY ROAD 640 EAST  
POST OFFICE BOX 1021  
MULBERRY, FL 33860 US

Mailing Address

P.O. BOX 1021  
MULBERRY, FL 33860 US



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2340401

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSSMAN, DALE C.  
502 COUNTY RD 640 E  
MULBERRY, FL 33860

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROSSMAN, DALE C.  
STREET ADDRESS 6977 HAYTER DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE P  
NAME BROWN, KENNETH D.  
STREET ADDRESS 2132 HOOFPRIANT LANE  
CITY-ST-ZIP LAKELAND, FL

TITLE VST  
NAME JORDAN, RONALD E  
STREET ADDRESS 3817 SCOVILL LANE  
CITY-ST-ZIP VALRICO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 #

*Ronald E. Jordan* **RONALD E. JORDAN** 4/1/04 863-428-9500