


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # J09077 1. Entity Name ROSE GROVE, INC.	
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Principal Place of Business 529 VERSAILLES DRIVE STE. 200 MAITLAND, FL 32751 US	Mailing Address 529 VERSAILLES DRIVE STE. 200 MAITLAND, FL 32751 US
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2664682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SINGLETON, RALPH 529 VERSAILLES DR. STE. #200 MAITLAND, FL 32751
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SINGLETON, RALPH D 529 VERSAILLES DRIVE, #200 MAITLAND, FL 32751
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02/14/05-80011-013 158.75

**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)(f), 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:  **RALPH Singleton** 2/4/05 407 644 9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #