

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90130 008 ***150.00

DOCUMENT # J14188

1. Entity Name
R. S. ROSAMP INCORPORATED



Principal Place of Business

10225 ULMERTON ROAD
SUITE 3D
LARGO, FL 33771 US

Mailing Address

10225 ULMERTON ROAD
SUITE 3D
LARGO, FL 33771 US

54053293



2. Principal Place of Business

455 N. Indian Rocks Rd.
Suite, Apt. #, etc.
Suite B

City & State
Bellaire Bluffs, FL

Zip
33770

Country
USA

3. Mailing Address

455 N. Indian Rocks Rd.
Suite, Apt. #, etc.
Suite B

City & State
Bellaire Bluffs, FL

Zip
33770

Country
USA

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2674371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKLES, WILLIAM G JR
10225 ULMERTON ROAD
SUITE 3D
LARGO, FL 33771

7. Name and Address of New Registered Agent

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

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 PS
NAME VELTMAN, DAVID M
STREET ADDRESS 10225 ULMERTON ROAD SUITE 3D
CITY-ST-ZIP LARGO, FL 33771 ☐ Delete

TITLE VT
NAME BUCKLES, WILLIAM G JR
STREET ADDRESS 10225 ULMERTON ROAD SUITE 3D
CITY-ST-ZIP LARGO, FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 455 N. Indian Rocks Rd., Suite B
STREET ADDRESS Bellaire Bluffs, FL 33770 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME 455 N. Indian Rocks Rd., Suite B
STREET ADDRESS Bellaire Bluffs, FL 33770 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: William G. Buckles 4/20/04 727-584-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #