

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J61734

1. Entity Name
ROSALIE PETERS, INC.



Principal Place of Business

**219 N. LAKESIDE DR
LAKE WORTH, FL 33460 US**

Mailing Address

**219 N. LAKESIDE DR.
LAKE WORTH, FL 33460 US**



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHOFIELD, KATHERINE H
219 N. LAKESIDE DR.
LAKE WORTH, FL 33460**

**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

000000894721
04/24/08-00040-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHOFIELD, KATHERINE H
STREET ADDRESS	219 N. LAKESIDE DR.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	DT
NAME	SCHOFIELD, KATHERINE H
STREET ADDRESS	219 N. LAKESIDE DR.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	DS
NAME	SCHOFIELD, KATHERINE H
STREET ADDRESS	219 N. LAKESIDE DR.
CITY-ST-ZIP	LAKE WORTH, FL 33460
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:

Katherine H. Schofield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08 561-580-2006
Date Daytime Phone #