2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90046 046 ***150.00

DOCUMENT # J80357

1. Entity Name

ROSENDAHL ENTERPRISES, INC.

Principal Place of Business: ~~7465 COMMERCIAL CIRCLE~~ FORT ~~PIERCE FL 34951~~ — SAME AS MAILING

Mailing Address: 2836 IROQUOIS FORT PIERCE FL 34946

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2836 Iroquois Ave		SAME	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
Ft Pierce FL		Florida 34946	
City & State		City & State	
Zip	Country: USA	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2838658 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENDAHL, TIM A. SAME AS MAILING
~~7465 COMMERCIAL CIRCLE~~
~~KINGS HIGHWAY INDUSTRIAL PARK~~
FORT PIERCE FL ~~34947~~

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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD ROSENDAHL, TIM A. 2836 IROQUOIS AVENUE FORT PIERCE FL 34946	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ROSENDAHL, KATHLEEN M. 2836 IROQUOIS AVENUE FORT PIERCE FL 34946	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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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 / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen Rosendahl 1-23-08 7724653880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #