

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 034 ***150.00

DOCUMENT # K45305

1. Entity Name
ROZIER MANAGEMENT COMPANY



Principal Place of Business
**3203 BAYSHORE BLVD
#702
TAMPA, FL 33629 US**

Mailing Address
**3203 BAYSHORE BLVD
#702
TAMPA, FL 33629 US**

2. Principal Place of Business - No P.O. Box #
102 W Whiting St

3. Mailing Address
102 W Whiting St

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
USA

Zip
33602

Country
USA

04032007

Chg-P

CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WINTER, JEANNE R
3203 BAYSHORE BLVD
APT 702
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name
Mark N Lenker, Jr

Street Address (P.O. Box Number is Not Acceptable)
102 W Whiting #201

City
Tampa

FL

Zip Code
33602

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

Mark N Lenker Jr

Mark N Lenker Jr

4/3/07

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, 2007 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
DP
WINTER, JEANNE R
3203 BAYSHORE BLVD #702
TAMPA, FL 33629 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CARLSON, RACHAEL
3210 SW MALCOLM CT
PORTLAND, OR 97225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WINTER, SUSAN
7 AVEVIDA VISTA GRANDE
SANTA FE, NM 87508 ☐ 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
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7 Avenida Vista Grande #182

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 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:

Susan Winter

Susan Winter, Treas

4/3/07

505-599-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #