

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90309 043 \*\*\*150.00

|   |   |   |   |                                    |  |
|---|---|---|---|------------------------------------|--|
| <b>DOCUMENT # K55831</b><br>1. Entity Name<br><b>THE ROSE GROUP BUILDERS, INC.</b>  |   |   |   |                                    |  |
| Principal Place of Business<br><b>ONE ARMAND BEACH DR.<br/>STE. 2C<br/>PALM COAST, FL 32137</b>   |   |   | Mailing Address<br><b>ONE ARMAND BEACH DR.<br/>STE. 2C<br/>PALM COAST, FL 32137</b>   |                                    |  |
| 2. Principal Place of Business<br><i>Two Armand Beach Dr</i><br>Suite, Apt. #, etc.<br><i>Suite 2A</i><br>City & State<br><i>Palm Coast, FL</i><br>Zip<br><i>32137</i> Country<br><i>USA</i>  |   | 3. Mailing Address<br><i>Two Armand Beach Dr</i><br>Suite, Apt. #, etc.<br><i>Suite 2A</i><br>City & State<br><i>Palm Coast FL</i><br>Zip<br><i>32137</i> Country<br><i>USA</i> |   |                                    |  |
| 4. FEI Number<br><b>59-2924326</b>  |   | 01132005 Chg-P CR2E034 (10/03)  |   |                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |   |                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>ROSENBAUM, STAN<br/>25 OCEAN DUNE CIRCLE<br/>PALM COAST, FL 32137</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |   | <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br>ROSENBAUM, STAN<br>25 OCEAN DUNE CIRCLE<br>PALM COAST, FL 32137   | <input type="checkbox"/> Delete   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VS<br>ROSENBAUM, JO ANN<br>25 OCEAN DUNE CIRCLE<br>PALM COAST, FL 32137 | <input type="checkbox"/> Delete   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |   |                                    |  |
| 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 all other like empowered. |   |   |   |                                    |  |
| SIGNATURE: <i>[Signature]</i> <span style="float: right;">3/7/05</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |                                    |  |