2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name THE ROSE GROUP BUILDERS, INC.					03-11-2005 90309 043 ***150.00					
Principal Plac ONE ARMANI STE. 2C PALM COAST	D BEACH DR.	Mailing Address One Armand Beach Dr. Ste. 2C Palm Coast, FL 32137				IFM ANGLETEN IKNI K	t Digil Digil Dig		STIGNEL IS IEDA	
2. Principal Place of Business 1 WO HOWARD Deach Dr TWO HOWARD Suite, Apt. #, etc. Suite, Apt. #, etc.			nd Bea	chily	32005		CBSEG	34 (10/03		
Quite 27 Suite 27)		El Number	Chg-P	CHZEU		Applied For	
Halm Coast, FL Palm			ist Fu	, ,	9-2924	326		N	Not Applicable	
321	37 00/1/SA	32137	Country	5. C	ertificate of	Status Desired		\$8.75 Ad Fee Requir		
	6. Name and Address of Current I	Name	7. Na	ame and A	ddress of New F	legistered /	igent			
ROSENBAUM, STAN				Street Address (P.O. Box Number is Not Acceptable)						
25 OCEAN DUNE CIRCLE PALM COAST, FL 32137				COUNTY OF BOX 100 PORT OF THE PROPERTY.						
			City					Zip Co		
9 The above	named antity submits this statement for	r the purpose of changing its re-		registered ago	nt or both	in the State of El	FL			
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 tignature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	Directors Delete	TITLE	ADD)ITIONS/C	HANGES TO OFF	ICERS AND	DIRECTO		
NAME	ROSENBAUM, STAN	_ 5000	NAME							
STREET ADDRESS CITY-ST-ZIP	25 OCEAN DUNE CIRCLE PALM COAST, FL 32137		STREET ADORESS CITY-ST-ZIP							
TITLE	VS	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	ROSENBAUM, JO ANN 25 OCEAN DUNE CIRCLE		NAME STREET ADDRESS							
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
TITLE		☐ Delete	CITY-ST-ZIP					☐ Change	Addition	
NAME	·	<i>000.</i> c	NAME						<u> </u>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHTY-ST-ZIP							
TITLE		☐ Delete	TITLE				,,,	☐ Change	Addition	
NAME STREET ADDRESS	·		NAME STREET ADDRESS							
CITY-ST-ZIP		<u>.</u>	CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					Change	e Addition	
STREET ADDRESS CHTY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
L	I certify that the information supplied with	his filing does not qualify for th		ed in Section 1	19.07(3)(i).	Florida Statutes.	I further cer	tify that the	information	
12. Thereby certify that the information supplied with his filting 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 of supplighental report is true and could are 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 by trustee emboyered to expect 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 attaching the point an address, with all other like empowered.										
2/7/25										
SIGNATURE: SUMATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date										