

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 037 ***150.00

DOCUMENT # K62314

1. Entity Name
ROSE SERVICES, INC.



Principal Place of Business

% ROSE WILLIAM
170 CUMBERLAND PARK DRIVE
SAINT AUGUSTINE, FL 32095

Mailing Address

% ROSE WILLIAM
170 CUMBERLAND PARK DRIVE
SAINT AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2928607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, WILLIAM
33 VALENCIA STREET
ST. AUGUSTINE, FL 32084

**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, 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 PD
NAME ROSE, MARCHAL NEIL, II
STREET ADDRESS 12850 MISTLETOE PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE STD
NAME ROSE, JOHN MCDONNELL
STREET ADDRESS 1308 SPARKLEBERRY CT.
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE DV
NAME ROSE, WILLIAM MINTON
STREET ADDRESS 1515 KINGSWOOD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME ROSE, WILLIAM NEIL
STREET ADDRESS 33 VALENCIA STREET
CITY-ST-ZIP ST. AUGUSTINE, FL 32085

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Neil Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Rose

January 3 2007 (904) 824-8849
Date Daytime Phone #