

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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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01/10/08-80016-012 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

904-824-8849

Daytime Phone #