

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62314

Entity Name: ROSE SERVICES, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2928607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSE, MARCHAL NEIL,, II
Address: 12850 MISTLETOE PLACE
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD () Delete
Name: ROSE, JOHN MCDONNELL,
Address: 1308 SPARKLEBERRY CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: DV () Delete
Name: ROSE, WILLIAM MINTON,
Address: 1515 KINGSWOOD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: ROSE, WILLIAM NEIL,
Address: 33 VALENCIA STREET
City-St-Zip: ST. AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCHAL NEIL ROSE II

PD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date