2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K65607

1. Entity Name ROSE-MARI, INC.



Principal Place of Business

600 EAST BAY DRIVE LARGO, FL 34640-3722 US Mailing Address

600 EAST BAY DRIVE LARGO, FL 34640-3722 US

FILED Feb 09, 2004 08:00 AM Secretary of State



01172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2932368

Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, DOUGLAS 451 CENTRAL PARK DR LARGO, FL 33771

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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or ordinal name of registered agent and life if applicable. MOTE Registered Agent signature required when reinstating) DATE			IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 TILE NAME BYRD, MARY M. STRET ADDRESS CITY-ST-ZIP STREET ADDRES		he purpose of changing its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME BYRD, MARY M. STREET ADDRESS CITY-ST-ZIP NAME BYRD, LARRY P. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIGNATURE Signature, typed or printed name of registered a	s live if applicable. (NOTE. Registered Apent signature require	ed when reinstating) DATE
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NAME NAME STREET ADDRESS CITY-ST-ZIP 1. Location contife that the information purposed with this filling does not qualify for the exemption placed in Spelling 159 07(2)(i). Florida Statutes & Suther contife that the information purposed with the	NAME STREET ADORESS CITY-ST-ZIP		

^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fforda 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 direct 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 changed, or on an attachment with an address, with all other like empowered.