## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

BRITATURE AND TYPED OR PRINTED MAKE OF SIGN

## 07-05-2006 90003 046 \*\*\*155.00 DOCUMENT # K97576 1. Entity Name ROSE LANG REALTY, INC. Principal Place of Business Mailing Address 40097905 -136 COMMERCIAL WAY -136 COMMERCIAL WAY STOCKTON PLAZA STOCKTON PLAZA SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address 1233 Sylvia Ave. 1233 Sylvia Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 07012006 CR2E034 (11/05) City & State City & State 4. FFI Number Applied For Spring Hill Spring FL 59-2681183 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A 34606 34606 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANG, ROSE Street Address (P.O. Box Number is Not Acceptable) 136 COMMERCIAL WAY 1233 Sylvia Ave. SPRING HILL, FL 34606 Spring Hill FL 34606 City Zip Code 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. teno SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME LANG, ROSE -NAME **5083 COUNTYLINE ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL CITY-ST-ZIP STD Delete ☐ Change ☐ Addition LANG, ROSE NAME NAME STREET ADDRESS 5083 COUNTYLINE ROAD STREET ADDRESS CITY-ST-7IP SPRING HILL, FL CITY-ST-77P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TME ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition Delete TILE NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ant with an address, with all other like empowered. SIGNATURE: ang

MG OFFICER OR DIRECTOR

FILED Jul 05, 2006 8:00 am

Secretary of State