

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90279 044 ***150.00

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03022006 Chg-P CR2E034 (11/05)

DOCUMENT # M86794 1. Entity Name DESIGNED BY ROBIN M. ROSE, INC.					
Principal Place of Business 1541 SUNSET CIRCLE MOUNT DORA, FL 32757 US			Mailing Address 1541 SUNSET CIRCLE MOUNT DORA, FL 32757 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0058045	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROSE, ROBIN M. 309 SE 18TH COURT FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Rose, Robin M. Street Address (P.O. Box Number is Not Acceptable) 1541 Sunset Circle City Mount Dora FL Zip Code 32757		
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 DATE 4/10/06 (NOTE: Registered Agent signature required when reestablishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, ROBIN 2841 TIMBER CREEK CIRCLE NW BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rose, Robin 1541 Sunset Circle Mount Dora, FL 32757	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:			DATE: 4/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			352 385-0107		