


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
Jan 08, 2004 08:00 AM  
Secretary of State

**DOCUMENT # P0000008538**

1. Entity Name  
PAMROSE ENTERPRISES, INC.



Principal Place of Business  
35050 DOLPHIN LAKE DRIVE  
ZEPHYRHILLS, FL 33541

Mailing Address  
35050 DOLPHIN LAKE DRIVE  
ZEPHYRHILLS, FL 33541



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3620706

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSES, DENNIS S  
35050 DOLPHIN LAKE DRIVE  
ZEPHYRHILLS, FL 33541

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when returning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURNETTE, ROBERT C 5330 BERNADETTE DRIVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MOSES, DENNIS S 35050 DOLPHIN LAKE DRIVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

00000000304  
01/08/04-80004-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 that I am an authorized representative 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 \_\_\_\_\_ 1/6/04 813-788-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dennis S. Moses