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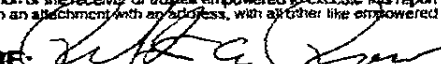
Louis Rosenfield

941-629-5218

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074037 1. Entity Name: ROBERT ROSASCO, INC.			
Principal Place of Business 26409 AIRPORT ROAD PUNTA GORDA, FL 33982		Mailing Address 26409 AIRPORT ROAD PUNTA GORDA, FL 33982	
DO NOT WRITE IN THIS SPACE			
01222004 No Chg-P CR2E034 (10/03)			
A. FEI Number 65-1028195		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSASCO, ROBERT 26409 AIRPORT ROAD PUNTA GORDA, FL 33950		DO NOT WRITE IN THIS SPACE	
7. 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: <u>1-24-04</u> (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when completing))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ROSASCO, ROBERT 26409 AIRPORT RD. PORT CHARLOTTE, FL 33950		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROSASCO, MARY J 26409 AIRPORT RD. PORT CHARLOTTE, FL 33950		
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>1-29-04</u> (941) 639-2266	