

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90039 048 ***150.00

DOCUMENT # P02000013928

1. Entity Name

ROSELLS AUTO BROKERS, INC.



Principal Place of Business

1380 N. BOULEVARD WEST
LEESBURG FL 34748

Mailing Address

1380 N. BOULEVARD WEST
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

7201 Chesterhill Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MT. DORA

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32757

LAKE

44017333



MOORE

CR2E034 (11/03)

4. FEI Number

47-0866274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, MANUEL R
1380 N. BOULEVARD WEST
LEESBURG FL 34748

Name

MIDDLETON, ROSE R.

Street Address (P.O. Box Number is Not Acceptable)

7201 Chesterhill Circle

MT. DORA -

City

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

[Signature]

MIDDLETON, ROSE R.

03-9-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, MANUEL R	
STREET ADDRESS	7201 CHESTERHILL CIRCLE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, MARLO R	
STREET ADDRESS	7201 CHESTERHILL CIRCLE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIDDLETON, ARCHIE R	
STREET ADDRESS	614 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Rose R. Middleton	
CITY-ST-ZIP	7201 Chesterhill Circle MT. DORA - FL 32757	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	MANUEL R. Middleton	
CITY-ST-ZIP	7201 Chesterhill Circle MT. DORA - FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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), 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:

[Signature]

MANUEL R. Middleton

03-9-04 352-255-4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #