

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90064 003 \*\*\*\*61.25  
 09-12-2005 90003 011 \*\*\*\*88.75

**DOCUMENT # P02000037052**  
 1. Entity Name  
**F.V. ROSSA & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 9141 LAKE DRIVE,      9141 LAKE DRIVE,  
 UNIT 101      UNIT 101  
 ENGLEWOOD, FL 34224      ENGLEWOOD, FL 34224

**50066440**



07182005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2041469</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
~~THOMSON, JAMES E~~  
~~4615 RINGLING BLVD., SUITE 800~~  
~~SARASOTA, FL 34236~~  
**F.V. ROSSA**  
**9141 LAKE DR**  
**ENGLEWOOD FL**  
**34224**

**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, the registered agent.

SIGNATURE:       DATE: **7.1.05**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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	PSTD ROSSA, FREDERICK V 9141 LAKE DRIVE, UNIT 101 ENGLEWOOD, FL 34224
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	
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)(f), 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: **FREDERICK V. ROSSA PSTD**      DATE: **7.1.05**      DAYTIME PHONE #: **941-697-6714**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      Daytime Phone #



ATTACHMENT  
50066440

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 5, 2005

F.V. ROSSA & ASSOCIATES, INC.  
9141 LAKE DRIVE,  
UNIT 101  
ENGLEWOOD, FL 34224

Subject: F.V. ROSSA & ASSOCIATES, INC.

Reference Number:

P02000037052

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$88.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION