2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 8:00 am Secretary of State DOCUMENT # P02000042357 01-16-2007 90218 030 ***150.00 ROSSMAN REALTY GROUP, INC. Principal Place of Business Mailing Accress UUUV~~ 1207 N.W. 18TH ST. 1207 N.W. 18TH ST. CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01082007 Chg-P City & Stare City & State 4. FEI Number Applied For 04-3671418 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rossman <u>Dennis</u> HENDRY, HARRY O Stree: Accress (P.O. Box Number is Not Acceptable) 2242 MAIN ST. FT. MYERS, FL 33901 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. It am familiar with, and accept the obligations of registered agent. Kossman DGGM Signature, typed or printed name of registered agent and the # applicable, (NOTE: Hou stered Agent signature required when reinstation 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Func Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP -1717 ☐ Celete TILE ☐ Change Addition ROSSMAN, DENNIS NA VÆ STEFFT ADDRESS 1207 N.W. 18TH ST. STREET ADDRESS C~Y-S1-ZIP CAPE CORAL, FL 33993 CTY-SI-7P TITLE DV Delete T F.E ☐ Charce ☐ Addition COLLINS, SUSAN NAME NAVE 3428 SW 25TH PL STPEET ADDRESS STEET ADDRESS C"Y-ST-77? CAPE CORAL, FL 33914 CTY-ST-ZP DST TILE ☐ Delete T LE ☐ Change ■ Addition ROSSMAN, MICHELLE NAME STREET ADDRESS 1207 NW 18TH ST STREET ADDRESS CAPE CORAL, FL 33993 CTY-ST-ZIP CTY-ST-7P TITLE ☐ Delete 11.6 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C Y-ST-712 CTY-SI-712 TITLE ☐ Delete T T_E ☐ Change Addition NAVE STREET ADDRESS STREET ADDRESS C "Y-ST-ZIP C - Y - ST - Z12 7715 Delete 1 T_E Addition NAVE NA VE STEET ADDRESS STREET ADDRESS CTY-ST-ZIP CTY-SI-7P 12. Thereby certify that the information supplied with this filling coes 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 true 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 tike empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1/10/07