
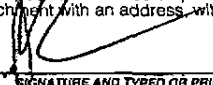


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000051893		
1. Entity Name MICHAEL J ROSE INC.		
Principal Place of Business 9185 SE MYSTIC COVE HOBE SOUND, FL 33455	Mailing Address 9185 SE MYSTIC COVE HOBE SOUND, FL 33455	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSE, MICHAEL J 9185 SE MYSTIC COVE HOBE SOUND, FL 33455		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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, MICHAEL J 9185 MYSTIC LOVE HOBE SOUND, FL 33455	
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TITLE 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:  Michael J Rose		Date 2/1/05 Daytime Phone # 772 341 4640



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3673423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000214473
02/04/05-80014-003 150.00

**DO NOT WRITE
IN THIS SPACE**