

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 006 ***158.75

DOCUMENT # P02000068219

1. Entity Name
ROSE AND BARRETT PAINT CONTRACTOR, INC.



Principal Place of Business
**5923 NORWOOD AVENUE
JACKSONVILLE, FL 32208**

Mailing Address
**5923 NORWOOD AVENUE
JACKSONVILLE, FL 32208**

2. Principal Place of Business - No P.O. Box #
10650-3 Haverford Rd

3. Mailing Address
10650-3 Haverford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192008

Chg-P

CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
41-2046451

Applied For
Not Applicable

Zip
32218

Country
USA

Zip
32218

Country
USA

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

**ANSLEY, REGINALD F JR
6955 MISS MUFFETT LANE SOUTH
JACKSONVILLE, FL 32210**

Name
Ansley, Reginald F. Jr.

Street Address (P.O. Box Number is Not Acceptable)
10650-3 Haverford Road

City
Jacksonville

FL

Zip Code
32218

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PRES ANSLEY, REGINALD F JR	<input type="checkbox"/> Delete
STREET ADDRESS	9523 NORWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	VP ANSLEY, JR., REGINALD F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6955 MISS MUFFET LANE S	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	VP BARRETT, JAMES E	<input type="checkbox"/> Delete
STREET ADDRESS	5923 NORWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	VP ANSLEY, REGINALD F SR	<input type="checkbox"/> Delete
STREET ADDRESS	5923 NORWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	S/T ANSLEY, ANNIE R	<input type="checkbox"/> Delete
STREET ADDRESS	5923 NORWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRES Ansley, Reginald F. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10650-3 Haverford Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE NAME	VP Barrett, James E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10650-3 Haverford Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE NAME	VP Ansley, Reginald F. Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10650-3 Haverford Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE NAME	S/T Ansley, Annie R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10650-3 Haverford Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does 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 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

R Ansley