


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90050 021 \*\*\*150.00

<b>DOCUMENT # P02000070269</b>	
1. Entity Name <b>ROSE CHILDRESS MORTGAGE BROKER INC.</b>	

Principal Place of Business <b>1744 SW PALERMO RD PORT ST. LUCIE, FL 34987</b>	Mailing Address <b>1744 SW PALERMO RD PORT ST. LUCIE, FL 34987</b>
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2. Principal Place of Business <b>1744 SW Palermo</b>	3. Mailing Address <b>1744 SW Palermo Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01172005 Chg-P CR2E034 (10/03)  
**NAME change, never pulled over #**  
4. FEI Number ☒ Applied For  
**NOT APPLICABLE** ☐ Not Applicable

6. Name and Address of Current Registered Agent <b>CHILDRESS, ROSE 1744 SW PALERMO RD PORT ST. LUCIE, FL 34987</b> <b>Palermo</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Rose Childress (NOTE: Registered Agent signature required when reinstating) DATE 3-28-5  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHILDRESS, ROSE 1744 SW PALERMO RD PORT ST. LUCIE, FL 34987</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CHILDRESS, BRYAN 1744 SW PALERMO RD PORT ST. LUCIE, FL 34987</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rose Childress 3-28-5  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #