

Jan 27 04 12:36p

Rose Wind Sportswear

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Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074120

1. Entity Name

LAW OFFICE OF LAUREEN A. CAMERON, P.A.



94050490

Principal Place of Business

1800 SECOND ST.
SUITE 710
SARASOTA, FL 34236

Mailing Address

1800 SECOND ST.
SUITE 710
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0419521Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, LAUREEN A ESQ.
1800 SECOND ST.
SUITE 710
SARASOTA, FL 34236DO 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPSTD
CAMERON, LAUREEN A
1800 SECOND ST., STE. 901 STE. 710
SARASOTA, FL 34236TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIPDO 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 941-955-9355