2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075309

1. Entity Name

Principal Place of Business

8824 CADHAY DRIVE

HUDSON, FL 34667

ROSELAND FARMS, INC.



Mailing Address

8824 CADHAY DRIVE

HUDSON, FL 34667

FILED

04 MAR 31 PM 3: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



No Chg-P CR2E034 (10/03) 03112004 DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3706829

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

PROTONENTIS, KENNETH G 1594 GULF BLVD PH-2 CLEARWATER, FL 33767-2997 DO NOT WRITE NITHISSPACE

₿.	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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE DENARO, ROSE NAME -STREET ADDRESS 8824 CADHAY DRIVE CITY-ST-ZIP HUDSON, FL 34667 TITLE STREET ADDRESS CITY-ST-ZIP NAME / STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

800031763618 04/05/04--01008--003 **150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΤΙΤΙΕ NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR

Daytime Phone #