

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90010 042 \*\*\*150.00

**DOCUMENT # P02000095355**

1. Entity Name  
**ROSE REAL ESTATE GROUP, INC.**



Principal Place of Business  
**10 COUNTRY CLUB ROAD  
SHALIMAR, FL 32579**

Mailing Address  
**POST OFFICE BOX 218  
SHALIMAR, FL 32579**

**54054713**



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1669867**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSE, SHERRY L  
10 COUNTRY CLUB ROAD  
SHALIMAR, FL 32579**

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

~~4000000120000~~ *A.H.*  
~~04/23/04-80058-018 150.00~~

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. T  
ROSE, SHERRY  
10 COUNTRY CLUB ROAD  
SHALIMAR, FL 32579**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO 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

*4/19/2004*

Date

*(850) 651-5177*

Daytime Phone #

Attachment

54054713

ROSE REAL ESTATE GROUP, INC.  
SHERRY ROSE, OWNER  
PH. 850-585-1046  
10 COUNTRY CLUB ROAD  
SHALIMAR, FL 32579

1054

63-9022/2632  
BRANCH 29

April 19, 2004  
DATE

PAY TO THE ORDER OF FLORIDA Department of STATE \$ 150.00  
One Hundred Dollars and 00/100 DOLLARS

**Peoples First**  
Florida Community Bank  
Shalimar, FL 32579

FOR PO2000095355

2632908

Sherry Rose

1054

Two Different Amount

ROSE REAL ESTATE GROUP, INC.  
SHERRY ROSE, OWNER  
PH. 850-585-1046  
10 COUNTRY CLUB ROAD  
SHALIMAR, FL 32579

1058

63-9022/2632  
BRANCH 29

April 19, 2004  
DATE

PAY TO THE ORDER OF Florida Department of State \$ 150.00  
One Hundred Fifty Dollars and 00/100 DOLLARS

**Peoples First**  
Florida Community Bank  
Shalimar, FL 32579

FOR PO2000095355

26329022

Sherry Rose

1058

This replaces  
check # 1054  
Sorry for the  
mistake  
Thanks