

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100011

FILED
Apr 29, 2005
Secretary of State

Entity Name: TJ ROSE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

601 E. TWIGGS STREET
SUITE 100
TAMPA, FL 33602

New Principal Place of Business:

400 N. TAMPA STREET
SUITE 2100
TAMPA, FL 33602

Current Mailing Address:

601 E. TWIGGS STREET
SUITE 100
TAMPA, FL 33602

New Mailing Address:

P.O. BOX 273502
TAMPA, FL 33688

FEI Number: 59-3575324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, TRACEY J
601 E TWIGGS STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

PINES, TRACEY J
400 N. TAMPA STREET
SUITE 2100
TAMPA, FL 33602 US

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.

SIGNATURE: TRACEY J. PINES

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSE, TRACEY J
Address: 601 E. TWIGGS STREET, SUITE 100
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PINES, TRACEY J
Address: 400 N. TAMPA STREET, SUITE 2100
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY J. PINES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date