


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91032 001 \*\*\*150.00

<b>DOCUMENT # P03000032148</b>	
<b>1. Entity Name</b> KULANI T. ROZELLE, INC.	

<b>Principal Place of Business</b> 4819 CARRINGTON CIRCLE SARASOTA FL 34243	<b>Mailing Address</b> 4819 CARRINGTON CIRCLE SARASOTA FL 34243
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<b>2. Principal Place of Business</b> 923 MARITIME CT.	<b>3. Mailing Address</b> 923 MARITIME CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

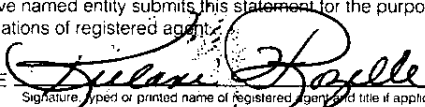
<b>City &amp; State</b> BRADENTON, FL. 34212	<b>City &amp; State</b> BRADENTON, FL. 34212
<b>Zip</b> 34212	<b>Country</b> MANATEE
<b>Zip</b> 34212	<b>Country</b> MANATEE

<b>4. FEI Number</b> 421584913	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> ROZELLE, KULANI T. 4819 CARRINGTON CIRCLE SARASOTA FL 34243	<b>7. Name and Address of New Registered Agent</b> Name KULANI T. ROZELLE Street Address (P.O. Box Number is Not Acceptable) 923 MARITIME CT. City BRADENTON FL Zip Code 34212
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**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  KULANI T. ROZELLE, President 4/30/04  
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**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> ROZELLE, KULANI T 4819 CARRINGTON CIRCLE SARASOTA FL 34243 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> ROZELLE, RICHARD E 4819 CARRINGTON CIRCLE SARASOTA FL 34243 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.**

**SIGNATURE:**  KULANI T. ROZELLE, Pres. 4/30/04 941-746-2134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #