

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000032148

1. Entity Name
KULANI T. ROZELLE, INC.



Principal Place of Business

923 MARITIME CT
BRADENTON, FL 34212 US

Mailing Address

923 MARITIME CT
BRADENTON, FL 34212 US



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number

42-1584913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROZELLE, KULANI T
923 MARITIME CT
BRADENTON, FL 34212

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROZELLE, KULANI T
STREET ADDRESS	4819 CARRINGTON CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	ST
NAME	ROZELLE, RICHARD E
STREET ADDRESS	4819 CARRINGTON CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000280240
03/30/05-80012-011 150.00

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 19.07(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 all other like empowered.

SIGNATURE: *Richard E. Rozelle* RICHARD E. ROZELLE 3/27/05 941/746-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #