

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041322

FILED
Jun 30, 2005
Secretary of State

Entity Name: ROSIER PROPERTIES, INC.

Current Principal Place of Business:

2101 NORTH DUNDEE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2101 NORTH DUNDEE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 37-1472626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSIER, TIMOTHY M
2101 NORTH DUNDEE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: ROSIER, TIMOTHY M
Address: 2101 NORTH DUNDEE
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: ROSIER, CYNTHIA
Address: 2101 NORTH DUNDEE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY M. ROSIER

PDTS

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date