

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90021 023 \*\*\*158.75

**66408714**



MOORE CR2E034 (11/03)

|   |  |     |   |   |  |
|---|--|-----|---|---|--|
| <b>DOCUMENT # P03000065641</b>  |  |     |   |    |  |
| 1. Entity Name<br><b>ROSELEA MANOR, INC.</b>  |  |     |   |   |  |
| Principal Place of Business<br><b>2500 ENGLISH IVY COURT<br/>LONGWOOD FL 32779</b>  |  |     | Mailing Address<br><b>PO BOX 915953<br/>LONGWOOD FL 32791</b> |   |  |
| 2. Principal Place of Business  |  |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |  |     | Suite, Apt. #, etc.   |   |  |
| City & State  |  |     | City & State  |   |  |
| Zip   | Country  | Zip | Country   | 4. FEI Number<br><b>57-1172663</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |     |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>PILCHER, DAVID ESQ<br/>RUBINO &amp; ASSOCIATES, P.L.C.<br/>159 LOOKOUT PLACE SUITE 101<br/>MAITLAND FL 32751-4466</b>   |  |     |   | 7. Name and Address of New Registered Agent<br>Name <b>ROSEMARIE-A-E-MORRIS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2500 English Ivy Court</b><br>City <b>Longwood</b> FL Zip Code <b>32779</b> |  |
| 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.<br>SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reissuing) DATE   |  |     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004: Fee will be \$350.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |     |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MORRIS, RAYMOND L<br>2500 ENGLISH IVY COURT<br>LONGWOOD FL 32779 <input type="checkbox"/> Delete      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MORRIS, ROSEMARIE A.E.<br>2500 ENGLISH IVY COURT<br>LONGWOOD FL 32779 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>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)(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: <i>[Signature]</i> <b>R. A. E. MORRIS</b> <i>[Signature]</i> <b>8 March 2004</b> <b>407-248-3300</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |     |   |   |  |

ANSWERED MAR 28 2004  
EIN 57-1172663  
RECEIVED MAR 27 2004  
*[Handwritten notes and signatures]*