


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1092

DOCUMENT # P03000074484		
1. Entity Name ROSE LEE PRODUCTIONS, INC.		

05 JUN 17 AM 8:40

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 398 MOHAWK LANE BOCA RATON, FL 33487	Mailing Address 398 MOHAWK LANE BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05252005 Chg-P CR2E034 (10/03)

4. FEI Number 30-0206264	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARCHER, ROSE LEE 398 MOHAWK LANE BOCA RATON, FL 33487	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <i>Rose Lee Archer (Rose Lee Archer/Director)</i>	DATE 6/14/2005

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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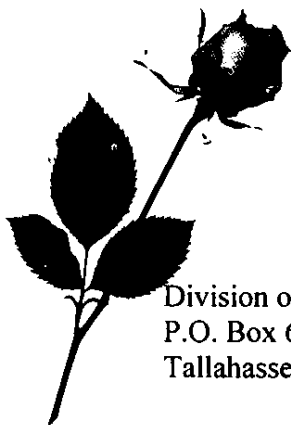
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCHER, ROSE LEE <input type="checkbox"/> Delete 398 MOHAWK LANE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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06/22/05--01023--017 \*\*150.00

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.	
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SIGNATURE: <i>Rose Lee Archer</i>	6-14-2005 (561-241-7987)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



*Rose Lee Archer*

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Division of Corporations  
P.O. Box 6198  
Tallahassee, Fl. 32314-6198

RE: filing annual report

May 20, 2005

To Whom it May Concern,

I have been very ill as a result of an accident. I can give you a copy of a letter from my doctor if you require such communications. I was volunteering for a nonprofit organization and equipment fell on me resulting in 5 herniated discs in my neck. I have experienced terrible migraines and it has been difficult catching up on the months of work I have lost.

I would appreciate if your office would help me through this difficult time so that I can get back on track, while I am going through therapy. I have enclosed the \$150.00 check for 2004 Rose Lee Productions, Inc. Annual Report.

I thank you for your help to keep my business in Florida going, as I get through my therapy.

Sincerely,

Rose Lee Archer  
Officer & Director of Rose Lee Productions, Inc.