

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90020 004 \*\*\*550.00

**DOCUMENT # P03000080229**

1. Entity Name  
**PURPLE ROSE CONSULTING INC**



Principal Place of Business  
**11004 RIVERVIEW DRIVE  
RIVERVIEW, FL 33569**

Mailing Address  
**11004 RIVERVIEW DRIVE  
RIVERVIEW, FL 33569**

**50055132**

2. Principal Place of Business  
**14310 SALEM CHURCH RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**14310 SALEM CHURCH RD**  
Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State  
**DOVER, FL. 33527**  
Zip  
**33527**

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**DOVER, FL. 33527**  
Zip  
**33527**

4. FEI Number  
**20-0098925**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BURKETT, DEBBIE  
11004 RIVERVIEW DRIVE  
RIVERVIEW, FL 33569**

**7. Name and Address of New Registered Agent**

Name  
**BURKETT, DEBBIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**14310 SALEM CHURCH ROAD**  
City  
**DOVER** FL Zip Code  
**33527**

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 *Debbie Burkett* **DEBBIE BURKETT** *7/6/05*  
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** ☐ Delete  
NAME **BURKETT, DEBBIE**  
STREET ADDRESS **11004 RIVERVIEW DRIVE**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☐ Delete  
NAME **REASONER, STEPHANIE**  
STREET ADDRESS **7121 FAIRVIEW PARK DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☒ Delete  
NAME **HOWERTON, DALE**  
STREET ADDRESS **3422 HOLLAND DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P, D** ☒ Change ☐ Addition  
NAME **BURKETT, DEBBIE**  
STREET ADDRESS **14310 SALEM CHURCH RD, DOVER, FL**  
CITY-ST-ZIP **33527** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Debbie Burkett* **DEBBIE BURKETT/PRESIDENT** *4/6/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #