

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-31-2005 90053 005 ***150.00

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DOCUMENT # P03000103262 1. Entity Name OAKS & ROSES, INC.					
Principal Place of Business 7910 IVYWOOD RD LARGO FL 33777			Mailing Address 7910 IVYWOOD RD LARGO FL 33777		
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 AP-PLIED FOR ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04) 26-0217203	
6. Name and Address of Current Registered Agent PETIT, RUTH A 7910 IVYWOOD RD LARGO FL 33777			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP ☐ Delete PETIT, RUTH A		TITLE	☐ Change ☐ Addition	
NAME	PETIT, RUTH A		NAME		
STREET ADDRESS	7910 IVYWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	DP ☐ Delete PETIT, THOMAS E		TITLE	☐ Change ☐ Addition	
NAME	PETIT, THOMAS E		NAME		
STREET ADDRESS	7910 IVYWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Thomas E. Petit</i> Thomas E. Petit			Date: 1/24/05 Daytime Phone #: 727 345.2318		