


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000156322	
1. Entity Name HENRY DEAN ROSE, PA	

Principal Place of Business 2026 TEAGARDEN LN NAPLES, FL 34110 US	Mailing Address 2026 TEAGARDEN LN NAPLES, FL 34110 US
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0509320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTH ACCOUNTING PA
501 GOODLETTE 2DN
D304
NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000903800
04/30/08-80061-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, HENRY D 2026 TEAGARDEN LN NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T ROSE, KIMBERLEY D 2026 TEAGARDEN LN NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Henry D. Rose 4/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #