

\$150

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03964

1. Entity Name  
LF ROSSIGNOL DEVELOPMENT CORPORATION



Principal Place of Business

509 ANASTASIA BLVD.  
ST AUGUSTINE, FL 32080 US

Mailing Address

509 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080 US

FILED

05 MAY -3 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
57-0730011

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSSIGNOL, L.F., III  
509 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32084

DO NOT WRITE  
IN THIS SPACE

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

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	DPS
NAME	ROSSIGNOL, L.F., III
STREET ADDRESS	509 ANASTASIA BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	V
NAME	HAHNEMANN, ROBERT
STREET ADDRESS	509 ANASTASIA BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE  
IN THIS SPACE

4/27/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/27/05 (904) 824-9912