

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90006 012 ***150.00

DOCUMENT # P04000012527	
1. Entity Name ANDREW W. ROSIN, P.A.	

Principal Place of Business 7132 N SERENOA DR SARASOTA FL 34241	Mailing Address 7132 N SERENOA DR SARASOTA FL 34241
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2. Principal Place of Business 1820 Ringling Blvd Suite, Apt. #, etc.	3. Mailing Address 1820 Ringling Blvd Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34236	Country USA

66002855



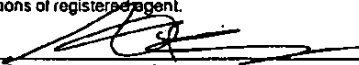
1st MOORE CR2E034 (10/04)

4. FEI Number 20-1466788	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSIN, ANDREW W 7132 N SERENOA DR SARASOTA FL 34241

7. Name and Address of New Registered Agent
Name Andrew W Rosin
Street Address (P.O. Box Number is Not Acceptable) 1820 Ringling Blvd
City Sarasota
State FL
Zip Code 34236

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** 1/19/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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
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10. OFFICERS AND DIRECTORS	
TITLE D	☐ Delete
NAME ROSIN, ANDREW W	
STREET ADDRESS 7132 N SERENOA DR	
CITY-ST-ZIP SARASOTA FL 34241	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, P, VP, S, T	☒ Change ☐ Addition
NAME Andrew W. Rosin	
STREET ADDRESS 1820 Ringling Blvd	
CITY-ST-ZIP Sarasota FL 34236	
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:  **DATE** 1/19/04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR