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.

66002855

Principal Place of Business	Mailing Address
7132 N SERENOA DR SARASOTA FL 34241	7132 N SERENOA DR SARASOTA FL 34241

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1820 Ringling Blvd	1820 Ringling Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34236 / Country: USA	Zip: 34236 / Country: USA

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 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: [signature] DATE: 1/19/04

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSIN, ANDREW W 7132 N SERENOA DR SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, P, VP, S, T Andrew W. Rosin 1820 Ringling Blvd Sarasota FL 34236	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Date: 1/19/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR