

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

06 SEP 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040813

1. Entity Name  
KENNETH ROSEMAN, INC.



Principal Place of Business  
7306 CRABGRASS RD  
ST CLOUD, FL 34773

Mailing Address  
7306 CRABGRASS RD  
ST CLOUD, FL 34773



08102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
14-1905234

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**

ROSEMAN, KENNETH  
7306 CRABGRASS RD  
ST CLOUD, FL 34773

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROSEMAN, KENNETH  
7306 CRAB GRASS ROAD  
SAINT CLOUD, FL 34773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ROSEMAN, J R  
7306 CRABGRASS ROAD  
SAINT CLOUD, FL 34773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700080095507  
09/22/06--01055--016 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

*29/22*

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:

*Kenneth Roseman*

*Kenneth Roseman*

9-6-06

321-482-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #