

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000097249	
1. Entity Name ROSIER & COMPANY, INC.	



FILED

07 MAY -1 AM 9: 02

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1838-B JACLIFF CT TALLAHASSEE, FL 32308	Mailing Address 1838-B JACLIFF CT TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 1882 Capital Cir NE Suite, Apt. #, etc. Suite 102	3. Mailing Address PO BOX 16375 Suite, Apt. #, etc.
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05012007 Chg-P CR2E034 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Zip 32317
Country US	Country US

4. FEI Number 20-1287022	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSIER, SHANNON 1838-B JACLIFF CT TALLAHASSEE, FL 32308
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7. Name and Address of New Registered Agent Name Shannon Rosier Street Address (P.O. Box Number is Not Acceptable) 1882 Capital Cir NE City Tallahassee FL Zip Code 32308
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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 Shannon Rosier (NOTE: Registered Agent signature required when reinstating) DATE 4/30/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSIER, SHANNON 1838-B JACLIFF CT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROSIER, ELA A 1838-B JACLIFF CT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shannon Rosier DATE: 4/30/07 Daytime Phone # _____