2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000105599

1. Entity Name
RED ROSE'S AUTO SALE'S, INC.

Principal Place of Business	Mailing Address
913 SOUTH US HWY 27 AVON PARK, FL 33825 US	913 SOUTH US HWY 27 AVON PARK, FL 33825 US

02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1709880
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, REBECCA D
1304 KAR-LO STREET
SEBRING, FL 33875

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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 _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ROSE, REBECCA D
STREET ADDRESS	1304 KAR-LO STREET
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	VP
NAME	ROSE, REBECCA D
STREET ADDRESS	1304 KAR-LO STREET
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	SEC
NAME	ROSE, REBECCA D
STREET ADDRESS	1304 KAR-LO STREET
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	TREA
NAME	ROSE, REBECCA D
STREET ADDRESS	1304 KAR-LO STREET
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	DIR
NAME	ROSE, REBECCA D
STREET ADDRESS	1304 KAR-LO STREET
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80001-020 158.75

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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: [signature] Rebecca D Rose 2-22-07 8634537673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #