

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000162227

1. Entity Name
ROSES BLUFF - MLC, INC.



**FILED
Apr 12, 2005 8:00 am
Secretary of State**

04-12-2005 90152 022 ***150.00

60043300



03282005 Chg-P CR2E034 (10/03)
59-3799731 Applied For
Not Applicable

Principal Place of Business		Mailing Address	
13400 SUTTON PARK DR SOUTH SUITE 1402 JACKSONVILLE, FL 32224		13400 SUTTON PARK DR SOUTH SUITE 1402 JACKSONVILLE, FL 32224	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONTGOMERY, MITCHELL R 13400 SUTTON PARK DR SOUTH SUITE 1402 JACKSONVILLE, FL 32224		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \$150.00
After May 1, 2005 Fee will be \$550.00** **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	<input type="checkbox"/> Delete MONTGOMERY, MITCHELL R 13400 SUTTON PARK DR SOUTH SUITE 1402 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Scott, Craig 13400 Sutton Pk Dr S #1402 Jacksonville, FL 32224</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Rudolph, Maurice 13400 Sutton Pk Dr S #1402 Jacksonville, FL 32224</i>
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
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
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 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: *Mitchell B. North* 3-28-05 (404)821-7171
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #