

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000164540

Entity Name: ROSE MARY SHOFF, INC.

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

6285 N US HWY 1
MELBOURNE, FL 32940

New Principal Place of Business:

5423 THE WILLOWS DRIVE
MELBOURNE, FL 32934

Current Mailing Address:

6285 N US HWY 1
MELBOURNE, FL 32940

New Mailing Address:

5423 THE WILLOWS DRIVE
MELBOURNE, FL 32934

FEI Number: 20-1979146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOFF, ROSE M
6285 N US HWY 1
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

SHOFF, ROSE M
5423 THE WILLOWS DRIVE
MELBOURNE, FL 32934 US

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.

SIGNATURE: ROSE MARY SHOFF

10/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHOFF, ROSE M
Address: 6285 N US HWY 1
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SHOFF-PARSLEY, ROXANNE
Address: 1801 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHOFF, ROSE M
Address: 5423 THE WILLOWS DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: DST (X) Change () Addition
Name: SHOFF-PARSLEY, ROXANNE
Address: 1801 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE MARY SHOFF

DP

10/17/2006

Electronic Signature of Signing Officer or Director

Date