


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90030 050 \*\*\*158.75

<b>DOCUMENT # P05000066227</b>		
1. Entity Name <b>LYNN ROSE J.D., INC</b>		

Principal Place of Business <b>3 HARBOR HOUSE KEY LARGO, FL 33037</b>	Mailing Address <b>3 HARBOR HOUSE KEY LARGO, FL 33037</b>
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2. Principal Place of Business <b>1 Dockside Lane</b>	3. Mailing Address <b>1 Dockside Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State <b>Key Largo FL</b>	City & State <b>Key Largo FL</b>
Zip <b>33037</b>	Zip <b>33037</b>
Country	Country

4. FEI Number  
**20-2838250**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent <b>ROSE, LYNN J 3 HARBOR HOUSE KEY LARGO, FL 33037</b>	
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7. Name and Address of New Registered Agent	
Name <b>ROSE, LYNN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3 Dockside Lane</b>	
City <b>Key Largo</b>	FL Zip Code <b>33037</b>

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 *Lynn Rose* DATE *July 3/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROSE, LYNN J 3 HARBOR HOUSE KEY LARGO, FL 33037</b> <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
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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: *Lynn Rose* Date *July 3/06* Daytime Phone # *305 393-6753*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR