


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09422	
1. Entity Name LF ROSSIGNOL COMMERCIAL DEVELOPMENT CORPORATION	

Principal Place of Business 509 ANASTASIA BLVD. ST AUGUSTINE, FL 32080 US	Mailing Address 509 ANASTASIA BLVD. ST AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE

FILED  
05 MAY -3 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0743138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROSSIGNOL, L. F III 509 ANASTASIA BLVD. ST AUGUSTINE, FL 32084
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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSIGNOL, L.F., III 509 ANASTASIA BLVD. ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAHNEMANN, ROBERT 509 ANASTASIA BLVD. ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/13/05--01066--022 \*\*450.00

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 	4/27/05 (904) 824-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #