

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90098 001 \*\*\*150.00  
04-13-2005 90098 002 \*\*\*\*\*8.75

DOCUMENT # P92000000660

1. Entity Name

ROSIE'S PUB OF BVL, INC.



Principal Place of Business

2553 BOGGY CREEK RD  
KISSIMMEE FL 34741  
US

Mailing Address

215 EASTERN AVE  
ST CLOUD FL 34769

00010030



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3149037

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANLEY, RICHARD D  
3501 13TH ST  
ST CLOUD FL 34769

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

Make Check Payable to Florida Department of State

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 D ☒ Delete

NAME TAROMINO, SAMUEL R SR

STREET ADDRESS 215 EASTERN AVE

CITY-ST-ZIP ST CLOUD FL 34769

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR, PRESIDENT

Ruth F Taromino

215 Eastern Ave

ST CLOUD Florida 34769

TITLE S ☐ Delete

NAME TAROMIRO, RUTH F

STREET ADDRESS 215 EASTERN AVE

CITY-ST-ZIP ST CLOUD FL

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP ☐ Delete

NAME TAROMINO, RUTH F

STREET ADDRESS 215 EASTERN AVE

CITY-ST-ZIP ST CLOUD FL

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Ruth F Taromino* 5.4.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #