


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90040 001 ***300.00

DOCUMENT # P93000011355					
1. Entity Name ROSE M. SHEEHAN, P.A.					
Principal Place of Business 2858 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US			Mailing Address 2858 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business 5501 University Drive Suite, Apt. #, etc. Ste. 101 City & State Coral Springs Zip 33067 Country U.S.A.			3. Mailing Address 5501 University Drive Suite, Apt. #, etc. Ste. 101 City & State Coral Springs Zip 33067 Country U.S.A.		
6. Name and Address of Current Registered Agent SHEEHAN, ROSE M 6480 NW 105 TERRACE PARKLAND, FL 33076			7. Name and Address of New Registered Agent 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: <u>Rose M. Sheehan</u> DATE: <u>1/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, ROSE M 6480 NW 105 TERR PARKLAND, FL 33076 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Rose M. Sheehan</u>			Date: <u>1/5/05</u> Daytime Phone #		

66000027



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0494164

Applied For
Not Applicable

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