

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90169 023 ***150.00

DOCUMENT # P94000046129

1. Entity Name
ROSA MARIE, INC.



Principal Place of Business
1494 Bluff Rd.
APALACHICOLA, FL 32329 US

Mailing Address
PO BOX 863
APALACHICOLA, FL 32329

66421622



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3258865

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Sammy L. Thompson~~
~~P.O. Box 863~~
~~Apalachicola, Fla 32329~~
Sammy L. Thompson
P.O. Box 863
Apalachicola, Fla 32329
1494 Bluff Rd

**DO NOT WRITE
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 *Sammy Thompson* - **Sammy Thompson/owner**

4/23/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMPSON, SAMMY
STREET ADDRESS	BLUFF ROAD
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	DST
NAME	THOMPSON, BEVERLY
STREET ADDRESS	BLUFF ROAD
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Beverly S. Thompson* **4/23/04** **850-653-8042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #