

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046129

Entity Name: ROSA MARIE, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1494 BLUFF RD.
APALACHICOLA, FL 32329 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 863
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-3258865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SAMMY L
1494 BLUFF RD
APALACHICOLA, FL 32329 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THOMPSON, SAMMY
Address: BLUFF ROAD
City-St-Zip: APALACHICOLA, FL

Title: DST () Delete
Name: THOMPSON, BEVERLY
Address: BLUFF ROAD
City-St-Zip: APALACHICOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY S. THOMPSON

DST

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date