

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90048 041 ***150.00

DOCUMENT # P94000050083

1. Entity Name
ROSEWOOD GROUP, INC.



Principal Place of Business
**5802 EAST FOWLER AVENUE
STE 8
TAMPA, FL 33617 US**

Mailing Address
**5802 EAST FOWLER AVENUE
STE 8
TAMPA, FL 33617 US**

94015710



2. Principal Place of Business

3. Mailing Address

11700 N. 58th Street

11700 N. 58th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

Suite J

01092004

Chg-P

CR2E034 (10/03)

City & State

FL

City & State

FL

4. FEI Number

59-3253102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

33617-1692

33617-1692

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLMAN, JAMES E
5802 EAST FOWLER AVENUE
SUITE 8
TAMPA, FL 33617**

Name

James E. Willman

Street Address (P.O. Box Number is Not Acceptable)

11700 N. 58th Street

Suite J

City

Tampa

FL

Zip Code

33617-1692

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KLINGEN, THOMAS**
STREET ADDRESS **5802 EAST FOWLER AVENUE STE 8**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **D** ☒ Change ☐ Addition
NAME **Thomas Kligen**
STREET ADDRESS **11700 N. 58th St. Suite J**
CITY-ST-ZIP **Tampa FL 33617-1692**

TITLE **VP** ☐ Delete
NAME **WILLMAN, JAMES E**
STREET ADDRESS **5802 EAST FOWLER AVENUE STE 8**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **VP** ☒ Change ☐ Addition
NAME **James E. Willman**
STREET ADDRESS **11700 N 58th St Suite J**
CITY-ST-ZIP **Tampa FL 33617-1692**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Thomas Kligen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #