

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000052438

1. Entity Name  
ROSEMARY'S CARDS UNLIMITED INC.



Principal Place of Business  
6774 W. GULF LAKE HWY  
CRYSRAL RIVER, FL 34429

Mailing Address  
6774 W. GULF LAKE HWY  
CRYSRAL RIVER, FL 34429



02172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3263669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

KABACINSKI, JOSEPH  
1685 EAST MICKINLEY ST  
HERNANDO, FL 32642

**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

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, 2008 Fee will be \$550.00**

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

000000334320  
05/23/08-80051-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KABACINSKI, JOSEPH
STREET ADDRESS	1684 EAST MCKINLEY ST.
CITY-ST-ZIP	HERNANDO, FL 32642

TITLE	D
NAME	KABACINSKI, ROSEMARY
STREET ADDRESS	1684 EAST MCKINLEY ST.
CITY-ST-ZIP	HERNANDO, FL 32642

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 352-795-5202