

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077984

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: SECOND HAND ROSE CORP.

## Current Principal Place of Business:

1532 SE 14TH ST  
CAPE CORAL, FL 33990

## New Principal Place of Business:

1530 SE 14TH ST  
CAPE CORAL, FL 33990

## Current Mailing Address:

1532 SE 14TH ST  
CAPE CORAL, FL 33990

## New Mailing Address:

1530 SE 14TH ST  
CAPE CORAL, FL 33990

FEI Number: 65-0534037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUCKETT, LOIS  
1532 SE 14TH ST  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

PUCKETT, LOIS  
1530 SE 14TH ST  
CAPE CORAL, FL 33990 US

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:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PUCKETT, LOIS  
Address: 4403 CORONADO PKWY  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: KELSAY, GREGG  
Address: 1532 S.E. 14TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: POLING, PATIA  
Address: 18190 OLD BAYSHORE RD  
City-St-Zip: N. FT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PUCKETT, LOIS  
Address: 409 AVIATION PKWY  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change ( ) Addition  
Name: KELSAY, GREG  
Address: 1530 S.E. 14TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: S (X) Change ( ) Addition  
Name: POLING, PATIA  
Address: 11791 SHAWNEE RD  
City-St-Zip: FT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOIS PUCKETT

D

03/30/2005

Electronic Signature of Signing Officer or Director

Date