

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000019732

1. Entity Name
CONFEDERATE ROSE, INC.



FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90385 032 ***150.00

Principal Place of Business

17 SEVILLE CIRCLE
DAVIE, FL 33324

Mailing Address

17 SEVILLE CIRCLE
DAVIE, FL 33324

2. Principal Place of Business

14176 Blackberry Dr
Suite, Apt. #, etc.

3. Mailing Address

14176 Blackberry Dr
Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

65-0656613

Applied For

Not Applicable

Zip

33414

Country

Zip

33414

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILTSIE, JOLENE
17 SEVILLE CIRCLE
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name
Wiltzie Jolene

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

14176 Blackberry Dr

City
Wellington

FL

Zip Code
33414

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 *John Bolton Wilton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/04

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	D	<input type="checkbox"/> Delete
NAME	WILTSIE, JOLENE	
STREET ADDRESS	17 SEVILLE CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILTSIE, FREEMAN	
STREET ADDRESS	17 SEVILLE CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MELISSA D. CALABRESE	
STREET ADDRESS	12858 80TH LANE NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiltzie Jolene	
STREET ADDRESS	14176 Blackberry Dr	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiltzie Freeman	
STREET ADDRESS	14176 Blackberry Dr	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Bolton Wilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jolene Bolton Wiltzie
President

4/27/04 561-753

Date

Daytime Phone # 2173