


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000019732 1. Entity Name CONFEDERATE ROSE, INC.	
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Principal Place of Business 14176 BLACKBERRY DR WELLINGTON, FL 33414	Mailing Address 14176 BLACKBERRY DR WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0656613	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILTSIE, JOLENE 14176 BLACKBERRY DR WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILTSIE, JOLENE 14176 BLACKBERRY DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILTSIE, FREEMAN 14176 BLACKBERRY DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MELISSA D CALABRESE 12858 80TH LANE NORTH WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/05-80067-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 Robert Wiltsie 5/2/05 561-753-2173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #