

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-19-2006 90004 022 ***150.00
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DOCUMENT # P96000019732					
1. Entity Name CONFEDERATE ROSE, INC.					
Principal Place of Business 14176 BLACKBERRY DR WELLINGTON, FL 33414			Mailing Address 14176 BLACKBERRY DR WELLINGTON, FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0656613	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILTSIE, JOLENE 14176 BLACKBERRY DR WELLINGTON, FL 33414			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D WILTSIE, JOLENE 14176 BLACKBERRY DR WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILTSIE, FREEMAN 14176 BLACKBERRY DR WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELISSA D CALABRESE 12858 80TH LANE NORTH WEST PALM BEACH, FL 33412 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jolene Wiltsie ST ☐ Change ☒ Addition 14176 Blackberry Dr Wellington FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Jolene Wiltsie</i> ST		Date: <i>4/24/2006</i> 561-317 7350			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			