

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90340 023 ***150.00

DOCUMENT # P96000039776

1. Entity Name
AARON D. ROSE, INC.



Principal Place of Business
**2815 HAWTHORNE LN.
#150
WEST PALM BEACH, FL 33409**

Mailing Address
**2815 HAWTHORNE LANE
WEST PALM BEACH, FL 33409**

14010000



2. Principal Place of Business
1150 Bear Island Dr.
Suite, Apt. #, etc.

3. Mailing Address
1150 Bear Island Dr.
Suite, Apt. #, etc.

03262004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach FL
Zip Country
33409 U.S.

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West Palm Beach FL
Zip Country
33409 U.S.

4. FEI Number
65-0664456
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, AARON D
2815 HAWTHORNE LANE
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

Name
Aaron D. Rose
Street Address (P.O. Box Number is Not Acceptable)
1150 Bear Island Dr.
City
West Palm Beach FL Zip Code
33409

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 **Aaron Rose** **Aaron Rose** **4/2/04**
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, 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
NAME **P ROSE, AARON** ☐ Delete
STREET ADDRESS
2815 HAWTHORNE LANE
CITY-ST-ZIP
WEST PALM BEACH, FL 33409

TITLE
NAME **V ROSE, SARAH** ☐ Delete
STREET ADDRESS
2815 HAWTHORNE LANE
CITY-ST-ZIP
WEST PALM BEACH, FL 33409

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P ROSE, Aaron** ☒ Change ☐ Addition
STREET ADDRESS
1150 Bear Island Dr.
CITY-ST-ZIP
West Palm Beach, FL 33409

TITLE
NAME **V ROSE, Sarah** ☒ Change ☐ Addition
STREET ADDRESS
1150 Bear Island Dr.
CITY-ST-ZIP
West Palm Beach, FL 33409

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **Aaron Rose** **Aaron Rose** **4/2/04** **561-242-9091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #