## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 A Secretary of State

ANNUAL REPORT							
DOCUMENT # P96000047505  1. Entity Name						Secretary of	13
THE ROS	SE BOWL, INC.						
Principal Place of Business  6434 OPEN ROSE DR  MILTON, FL 32570  MILTON, FL 32570  Milton, FL 32570  Milton, FL 32570					15 (81)2 BINN 8510 B510 851	HA BERTA ELEKTRISKE TIKEN TUKUN BUSH BUSH BUSH BUSH BUSH BUSH BUSH BUSH	
						H	
D	O NOT WRITE	CE	01072008 4. FEI Numb 59-337		CR2E034 (11/05)  Applied F  Not Applie		
	<u> </u>			e of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent	]				
FULFORD, DONNA 1463 LEWIS ROAD MILTON, FL 32570-9611			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registere	ed Agent signature required	I when reinstating)		DATE	-
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS	1				
NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, 1463 LEWIS ROAD MILTON, FL 32570				מכוחמונו	0798289	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLION, 1 L 32378				01/30,708	0798289 -80023-010 150.0	)Û
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME		-	],			•	

12. Thereby 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.

0 1

STREET ADDRESS CITY+ST-ZIP

DONNA FUTORD

en 19, 2008 850-983-0216