

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000078693

1. Entity Name  
ROSE AND THORN, INC.



Principal Place of Business  
3550 MAHAN DRIVE  
10  
TALLAHASSEE, FL 32308 US

Mailing Address  
3550 MAHAN DRIVE  
10  
TALLAHASSEE, FL 32308 US



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3401036

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DONELAN, STEPHEN M  
2555 SHUMARD OAK BLVD.  
TALLAHASSEE, FL 32399-2100

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000157877  
05/06/04-80046-009 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JOHNSON, CHARLES L  
6041 REDFIELD CT  
TALLAHASSEE, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JOHNSON-OWENS, YVONNE  
6041 REDFIELD CT  
TALLAHASSEE, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #