

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90126 004 ***150.00

DOCUMENT # P97000089032 1. Entity Name THE ROSSI'S OF MEADOW WOOD, INC.			
Principal Place of Business 3006 BROOKFIELD LN. CLEARWATER, FL 33761		Mailing Address 3006 BROOKFIELD LN. CLEARWATER, FL 33761	
2. Principal Place of Business 19422 Heritage Harbor Pkwy Suite, Apt. #, etc.		3. Mailing Address 19422 Heritage Harbor Pkwy Suite, Apt. #, etc.	
City & State Lutz, FL.		City & State Lutz, FL.	
Zip 33558	Country	Zip 33558	Country
4. FEI Number 59-3471938		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSI, ROBERT J 3006 BROOKFIELD LANE CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19422 Heritage Harbor Pkwy City Lutz FL Zip Code 33558	
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 <u><i>Robert Rossi</i></u> DATE <u>4/11/06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	SVP ROSSI, ROBERT J 3006 BROOKFIELD LANE CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Addition 19422 Heritage Harbor Pkwy Lutz, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, KATHY 3006 BROOKFIELD LANE CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Addition 19422 Heritage Harbor Pkwy Lutz, FL 33558
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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: <u><i>Robert Rossi</i></u>		Date <u>4/11/06</u> Daytime Phone # <u>727-251-2003</u>	