

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90015 009 \*\*\*150.00

**DOCUMENT # P98000001216**

1. Entity Name  
**ROSIER INVESTMENTS, INC.**



Principal Place of Business  
**735 RALEIGH TRAIL  
MURRELLS INLET, SC 29576 US**

Mailing Address  
**P.O. BOX 16239  
SURFSIDE BEACH, SC 29587 US**

**50021142**



2. Principal Place of Business  
**P.O. BOX 16239**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 16239**  
Suite, Apt. #, etc.

05152006 Chg-P CR2E034 (11/05)

City & State  
**SURFSIDE BEACH, SC**  
Zip  
**29587** Country  
**USA**

City & State  
**SURFSIDE BEACH, SC**  
Zip  
**29587** Country  
**USA**

4. FEI Number  
**59-3500505** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCKINNEY, PAMELA R  
15439 CROTEZ BLVD.  
BROOKSVILLE, FL 34613**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11543 SPRING HILL DR.**  
City **SPRING HILL** FL Zip Code **34609**

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 \$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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
METZGER, PATRICIA R  
P.O. BOX 16239  
SURFSIDE BEACH, FL 29587** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOBART, ROBERT  
P.O. BOX 16239  
SURFSIDE BEACH, FL 29587** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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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: **Patricia R. Metzger / PATRICIA R. METZGER** 6-1-06 (843) 333-4217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #