

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90002 047 \*\*\*150.00

DOCUMENT # **P98000020649** ✓

1. Corporation Name

**ROSEHILL PRODUCTIONS, INC.**

Principal Place of Business

**313 DIRKSEN DRIVE  
DEBARY FL 32713**

Mailing Address

**313 DIRKSEN DRIVE  
DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1998**

2. Principal Place of Business

**21 313 Dirksen Dr.**

Suite, Apt. #, etc.

**22 D1**

City & State

**23 DeBary, Florida**

Zip

**24 32713**

Country

**25 USA**

2a. Mailing Address

**26 313 Dirksen Dr.**

Suite, Apt. #, etc.

**27 D1**

City & State

**28 DeBary, Florida**

Zip

**29 32713**

Country

**30 USA**

4. FEI Number

**593496591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRAZIANO, GAYLE S ESQ  
149-P SOUTH RIDGEWOOD AVENUE  
SUITE 710  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Resident Secretary** ☐ DELETE  
NAME **Michelle O. Donnell**  
STREET ADDRESS **96 Roschill Crescent Ct.**  
CITY-ST-ZIP **DeBary, FL 32713**

TITLE **Vice President/Treasurer** ☐ DELETE  
NAME **Ginger Walsh**  
STREET ADDRESS **96 Roschill Crescent Ct.**  
CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Michelle O. Donnell**

**July 14, 1999 407-668-6514**

CR2E034 (5/99)

595841-90002-47  
F98000020649

## "Fun"draising Cruises and Tours

313 Dirksen Drive D1  
DeBary, Florida 32713

Phone 407-668-6514  
Fax 407-668-2428  
www.fundraisingtravel.com  
email: fundcruise@aol.com

July 14, 1999

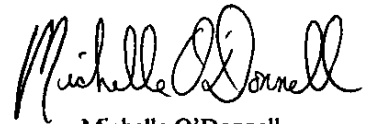
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To whom it may concern,

My name is Michelle O'Donnell, and I am the owner of "Fun"draising Cruises and Tours, a fictitious named business of Rosehill Productions Incorporated. The corporation is in its 1st year of operation.

I am writing this letter because I never received my Report of Corporation paper work until Tuesday, June 29, 1999. It wasn't until I met with my accountant on March 30, 1999 that I was informed that I needed to fill out a report by May 1st. I called the Division of Corporation in Tallahassee on May 5, 1999 and talked with Wendy. I told her I never received the report and she told me to call back and request the form through the automated request line. She also told me that I would not be penalized with a late fee. Between the time I requested the report and May 25, 1999 the post master changed my address to include D1 in all correspondence. In the process, my business and others in my building are not receiving all of their mail. I have included the new postal policy for receiving mail and hope you understand the reason why I haven't filled out the report until now, and why I should not have to pay a late fee.

Sincerely,



Michelle O'Donnell  
Owner/Operator  
"Fun"draising Cruises and Tours



# Application for Delivery of Mail Through Agent

595841-90002-47  
P78 000020649

1. Date

25 May 99

In consideration of delivery of my or our mail to the agent named below, the addressee and agent agree that: (1) the Postal Service will not forward my or our mail on a change of address order upon termination of this agency relationship; (2) the forwarding or return of my or our mail is the responsibility of the agent; (3) all mail, including letters and other First Class mail, delivered to the agent under this authorization must be prepaid with new postage when redeposited in the mails; (4) that upon request, the agent will provide to the Postal Service, all addresses to which the agent forwards mail.

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his authorized employee, or a notary public. The agent retains a signed copy in such manner that it is available for examination by postal representatives.

This application may be subject to verification procedures by the U S Postal Service to substantiate that the applicant resides or conducts business at the home or business address listed in boxes 4b or 5a.

TO: Postmaster

2. Name(s) in which applicant's mail will be received for delivery to agent

Roschill Cruises and Tours  
Roschill Productions Inc.  
Michelle O'Donnell

4. Name of applicant

Michelle O'Donnell

4b. Home address (Number, street, city, state and ZIP code)

96 Roschill Crescent Ct. DeBary, FL 32713  
Telephone number 407-668-2428

5. Name of firm or corporation

Roschill Productions Inc.

5a. Business address (Name, street and ZIP code)

313 Dicksen Dr. DeBary, FL 32713  
Telephone number 407-668-6514

7. If applicant is a firm, name each member whose mail is to be delivered

3. Applicant authorizes delivery to and in care of (Name, address and ZIP code of agent)

Riverside Executive Suites  
313 Dicksen Dr., D1, PMB #107  
DeBary, FL 32713

4a. Identification

Two (2) types identification required. Agent must write in identifying information

1. D.L. D354-541-68-833-0

2. A.E. credit card

Acceptable identification include: Drivers License, Military or other Government ID, Passport, National Credit Cards, Alien Registration Card and Birth Certificate.

6. Kind of Business

Travel agency

8. If a CORPORATION, give names and addresses of its officers

Michelle O'Donnell  
president & secretary  
Ginger Walsh  
Vice president & treasurer  
96 Roschill Crescent Ct.  
DeBary, FL 32713

9. If business name of the address (Corporation or Trade Name) has been registered, give name of county and state, and date of registration.

10. References (Name, address and ZIP code)

Sanit Mason  
Signature of agent/Notary Public

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature of applicant (If firm or corporation, application must be signed by officer. Show title.)

Michelle O'Donnell - President

PRIVACY ACT: The collection of this information is authorized by 39 USC 403, 404. It serves as the written authority for the delivery of mail other than as addressed. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender.