

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 001 ***150.00

DOCUMENT # P99000011354



1. Entity Name
ROSANNSAL CORPORATION

Principal Place of Business
3848 ORLANDO AVE
SANFORD, FL 32771

Mailing Address
1011 BONITA DRIVE
ALTAMONTE SPRINGS, FL 32714

44049950



2. Principal Place of Business

3. Mailing Address

875 PIONEER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142004

Chg-P

CR2E034 (10/03)

City & State

City & State
GENEVA FL

4. FEI Number

59-3554390

Applied For

Not Applicable

Zip

Country

Zip

Country

32732

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROSE A
1011 BONITA DRIVE
ALTAMONTE SPRINGS, FL 32714

Name
SALLIE A DULCIE

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

875 PIONEER WAY

City GENEVA FL Zip Code 32732

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	SMITH, ROSE A	1011 BONITA DRIVE	ALTAMONTE SPRINGS, FL 32714		
<input type="checkbox"/> Delete	DULCIE, SALLIE A	875 PIONEER WAY	GENEVA, FL 32732		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/04

Date

Daytime Phone #