

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014985

1. Entity Name  
ROSE AND ASSOCIATES OF NORTHEAST FLORIDA,  
INC.



Principal Place of Business  
4533-4 SUNBEAM RD.  
JACKSONVILLE, FL 32257

Mailing Address  
4533-4 SUNBEAM RD.  
JACKSONVILLE, FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-P

CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

ROSE, HARRIET C  
4533-4 SUNBEAM RD  
JACKSONVILLE, FL 32257

Name

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

City

FL

Zip Code

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 8, 2004**

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 D ☐ Delete  
NAME ROSE, ROBERT R  
STREET ADDRESS 4533-4 SUNBEAM RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE D ☐ Delete  
NAME ROSE, HARRIET C  
STREET ADDRESS 4533-4 SUNBEAM RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Harriet C Rose*

7/12/04

(904) 737-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR

FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATION  
04 OCT 20 PM 3:25

7/22/04 9:20 AM 001 30220

66430439



ROSEBILT, INC.  
4533-4 SUNBEAM ROAD  
JACKSONVILLE, FLORIDA 32257  
(904) 737-1106

Secretary of State  
Reinstatement of Corporations

ATT: TINA

FAX #: (850) 245-6017

Dear Tina,

Per your request, I am requesting reinstatement of the following corporations for the reason we did not receive prior notices.

Rosebilt, Inc. F92679

and

Rose and Associates of Northeast Florida, Inc P99000014985

Please contact me at the above number or (904) 509-3346 as to the status of these corporations.

Thank you for your time and patience

As I respectfully remain,

Sincerely yours,



Harriet C. Rose  
President