

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S66007

1. Entity Name

ESCAROSA INC.

d/b/a Signature Caterers



FILED

05 AUG 29 PM 2:31

TALLAHASSEE, FLORIDA



Principal Place of Business
1176 HIGHWAY 95-A NORTH
CANTONMENT, FL 32533

Mailing Address
1176 HIGHWAY 95-A NORTH
CANTONMENT, FL 32533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3075903

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

ARNETTE, LESLIE DEWAYNE
1974 VIRECENT ROAD
CANTONMENT, FL

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

Amended AR is \$61.25

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 DPT ☐ Delete
NAME ARNETTE, LESLIE D.
STREET ADDRESS 1974 VIRECENT ROAD
CITY-ST-ZIP CANTONMENT, FL

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

TITLE DVS ☐ Delete
NAME ARNETTE, SHEILA C.
STREET ADDRESS 1974 VIRECENT ROAD
CITY-ST-ZIP CANTONMENT, FL

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

TITLE D ☐ Delete
NAME ARNETTE, B. RHETT
STREET ADDRESS 3728 CORNERBROOK DR
CITY-ST-ZIP PACE, FL 32571

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

TITLE D ☐ Delete
NAME ARNETTE, L. CHASE
STREET ADDRESS 1176 HIGHWAY 95-A NORTH
CITY-ST-ZIP CANTONMENT, FL

TITLE DV ☒ 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
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:

Sheila C. Arnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 August 2005

Daytime Phone #

M 29 2005