


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V01704</b> 1. Entity Name <b>JACK ROSA &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>417 SOUTHAMPTON DR INDIALANTIC, FL 32903 US</b>	Mailing Address <b>P.O. BOX 246 MELBOURNE, FL 32902 US</b>
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01302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3106556</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ROSA, JACK 417 SOUTHAMPTON DR INDIALANTIC, FL 32903</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *Jack Rosa* **JACK ROSA, PRESIDENT** 1/31/05  
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  
After May 1, 2005 Fee will be \$550.00**

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	CPD ROSA, JACK 417 SOUTHAMPTON DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOOKER, DEBORAH 21892 HIGH PINE TRAIL BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSA, STEPHEN 417 SOUTHAMPTON DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSA, PHILLIP 2360 SHADY OAK DRIVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000222495  
02/10/05-80001-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Jack Rosa* **JACK ROSA, PRESIDENT** 1/31/05 321-726-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #