

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V01704**

1. Entity Name  
**JACK ROSA & ASSOCIATES, INC.**



Principal Place of Business  
**417 SOUTHAMPTON DR  
INDIALANTIC, FL 32903 US**

Mailing Address  
**P.O. BOX 246  
MELBOURNE, FL 32902 US**



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3106556**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROSA, JACK  
417 SOUTHAMPTON DR  
INDIALANTIC, FL 32903**

**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 \_\_\_\_\_

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, 2007 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

U00000666812  
03/26/07-80002-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**JACK ROSA**

**3-8-07**

Date

**321-724-2644**

Daytime Phone #