


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # V48443 1. Entity Name SANTA ROSA CONSTRUCTION, INC.	
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Principal Place of Business 1142 HARRISON AVE. GULF BREEZE, FL 32563 US	Mailing Address 1142 HARRISON AVE GULF BREEZE, FL 32563 US
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3132810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent COOGLE, JOHN E. 1142 HARRISON AVE. GULF BREEZE, FL 32563
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOGLE, JOHN E. 1142 HARRISON AVE. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOGLE, SHARON B. 1142 HARRISON AVE. GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE

U00000856175
03/27/08-80075-027 150.00

U00000856175
03/27/08-80075-028 8.75

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	3-6-08 Date	858-932-0378 Daytime Phone #
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