

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000010887

Entity Name: SON ROSE INC.**Current Principal Place of Business:**5510 CHRISTINE ROAD
LAKELAND, FL 33810**Current Mailing Address:**5510 CHRISTINE ROAD
LAKELAND, FL 33810 US**FEI Number:** 81-5262233**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAUFMANN, BRUCE G
4921 DEESON ROAD
LAKELAND, FL 33810 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, PRESIDENT
Name	KAUFMANN, BRUCE G
Address	4921 DEESON ROAD
City-State-Zip:	LAKELAND FL 33810

Title	VP, PASTOR
Name	KAUFMANN, DONALD A
Address	1594 REGAL OAK DRIVE
City-State-Zip:	KISSIMMEE FL 34744

Title	CFO, DIRECTOR
Name	SANDERS, GREGORY
Address	524 N. LOCUST STREET
City-State-Zip:	GREENVILLE IL 62246

Title	SECRETARY, TREASURER, DIRECTOR
Name	KAUFMANN, KARYL L
Address	4921 DEESON ROAD
City-State-Zip:	LAKELAND FL 33810

Title	CBO, DIRECTOR
Name	NESS, APRIL K
Address	PO BOX 1441
City-State-Zip:	SEQUIM FL 98382

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE G. KAUFMANN

CEO, PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date