

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 680434

1. Entity Name
ROWLAND POLYGRAPH SERVICE, INC.



Principal Place of Business
**9424 BAYMEADOWS RD
STE 100
JACKSONVILLE, FL 32256**

Mailing Address
**9424 BAYMEADOWS RD
STE 100
JACKSONVILLE, FL 32256**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2009621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROWLAND, CHARLES L.
8568 CROOKED TREE DR
JACKSONVILLE, FL 32256**

**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

U000000642412
03/01/07-80042-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROWLAND, CHARLES L.
STREET ADDRESS	1961 AFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VST
NAME	ROWLAND, MEREDITH H.
STREET ADDRESS	1961 AFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: **Rowland CHARLES L. ROWLAND P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.07 9047328552

Date

Daytime Phone #