


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # P02000018793

1. Entity Name
ROLAND AUTO SERVICES, INC.



Principal Place of Business 2390 LINWOOD AVE. NAPLES, FL 34112	Mailing Address 2390 LINWOOD AVE. NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3601635	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROLAND DEGADO
2390 LINWOOD AVE.
NAPLES, FL 34116

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	DELGADO, ROLANDO
STREET ADDRESS	3072 50TH LN SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	V
NAME	DELGADO, ADIANES
STREET ADDRESS	3072 50TH LN. S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/14/06-90027-001 150.00

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: _____ **02-15-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #