

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 026 ***150.00

DOCUMENT # 503551

1. Entity Name

MAT ROLAND SEAFOOD COMPANY, INC.



Principal Place of Business

**4510 OCEAN ST
ATTN: MATT ROLAND
ATLANTIC BEACH FL 32233
US**

Mailing Address

**1674 PARK TERRACE EAST
ATLANTIC BEACH FL 32233-5820
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1661605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROLAND, MATHIAS C.
1674 PARK TERRACE EAST
ATLANTIC BEACH FL 32233-5824**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 filing this statement.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROLAND, VINCENT M	
STREET ADDRESS	888 SEMINOLE RD.	
CITY-STATE-ZIP	ATLANTIC BCH FL	
TITLE	COB	<input type="checkbox"/> Delete
NAME	ROLAND, MATHIAS C	
STREET ADDRESS	1674 PARK TERRACE EAST	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233-5824	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROLAND, ROSE B	
STREET ADDRESS	1674 PARK TERRACE EAST	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233-5824	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROLAND, BRAD M	
STREET ADDRESS	230 PINE STREET	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLAND, PAUL M	
STREET ADDRESS	1674 PARK TERRACE EAST	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233-5824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, VINCENT M	
STREET ADDRESS	7004 NORTH ATLANTIC AVE.	
CITY-STATE-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rose Bradley Roland* **Rose Bradley Roland** **March 7, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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