2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 680434

1. Entity Name
ROWLAND POLYGRAPH SERVICE, INC.

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

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

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

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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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000901541 04/29/08-80073-010 150.00

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		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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*   4.14.08 904.737-8557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #