## Mar 17, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT** 03-17-2004 90027 034 \*\*\*150.00 **DOCUMENT #856846** 1. Entity Name ROLÝN (INVERNESS) INC. 24024167 Principal Place of Business Mailing Address 818-A-1-A NORTH 245 PEACHTREE CENTER AVE NE SUITE 203 SUITE 2800 PONTE VEDRA BEACH, FL 32082 ATLANTA, GA 30303-1227 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 58-1392456 Not Applicable Country Zip Country Zip\_\_\_\_ \$8.75 Additional Fee Required 5. - Certificate of Status Desired .... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROULEAU, ROBERT 818 A-1-A NORTH, SUITE 203 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH, FL 32082 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. $\Box$ After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PNS TITLE Delete TITLE **PDS** Change Addition ROULEAU, ROBERT NAME NAME ROULEAU, ROBERT STREET ADDRESS 808 3RD STREET STE C STREET ADDRESS 818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 320 CITY-ST-ZIP NEPTUNE BEACH, FL CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition ROULEAU, ROBERT T. NAME NAME STREET ADDRESS 5500 AV ROYALMOUNT #200 STREET ADDRESS CITY-ST-7IP MONTREAL QUEBEC CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachreful with an address, with all other like empowered.

Robert Rouleau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

March 11, 2004

(904) 280-0008

**FILED**