


FILED
Feb 05, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 856846 1. Entity Name ROLYN (INVERNESS) INC.		
Principal Place of Business 818-A-1-A NORTH SUITE 203 PONTE VEDRA BEACH, FL 32082		Mailing Address 245 PEACHTREE CENTER AVE NE SUITE 2800 ATLANTA, GA 30303-1227
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROULEAU, ROBERT 818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082		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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS ROULEAU, ROBERT 818 A-1-A NORTH STE 203 PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROULEAU, ROBERT T. 5500 AV ROYALMOUNT #200 MONTREAL QUEBEC CANADA.	
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 exemption stated in Section 119.07(3)(f), 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: <u>Robert Rouleau</u> 02/02/05 (904) 280-0008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		