2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary of State **DOCUMENT # F02000004043** 05-03-2004 90394 035 ***150.00 1. Entity Name ROHL ENTERPRISES, INC. Principal Place of Business Mailing Address 94077816 4210 3RD AVE. NW 4210 3RD AVE. NW **FARGO ND 58102** FARGO ND 58102 2. Principal Place of Business 3. Mailing Address 313 FIECHTNER 3313 FIECHTNER Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State RGO, NO 45-0455259 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired <8/o3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FΙ 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE ROHL, KURT 4212 CARMEL PLACE ROHL, KURT NAME 3045 23RD AVE. S, UNIT #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **FARGO ND 58103** CITY-ST-7IP TITLE ☐ Delete Addition ROHL, BRAD NAME NAME 179 PARKSIDE DRIVE, OAKBLUFF STREET ADDRESS STREET ADDRESS MANITOBA, CANADA, ROG INO CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change Addition NAME ROHL, JASON NAME STREET ADDRESS STREET ADDRESS 10 LACOSTA COVE, HEADINGLY CITY-ST-ZIP CITY-ST-ZIP MANITOBA, CANADA R4H 1J5 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 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

FILED

04/25/04 701-235.6906

May 03, 2004 8:00 am