

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F90567

1. Entity Name
ROWLAND EQUIPMENT, INC.



FILED
Jun 20, 2005 08:00 AM
Secretary of State

Principal Place of Business
**2900 NW 73RD ST
8751 W. BROWARD BLVD.
MIAMI, FL 33147 US**

Mailing Address
**2900 NW 73RD STREET
8751 W. BROWARD BLVD.
MIAMI, FL 33147 US**



06152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2198823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAMBERT, JAMES
9100 SHERIDAN
BROOKFIELD, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LAMBERT, DOLORES
9100 SHERIDAN
BROOKFIELD, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KOZELKA, KENNETH
4230 RAYMOND
BROOKFIELD, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COBB, JOYCE
2900 NW 73RD ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000369666
06/20/05-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

Brandi J. Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05
Date

305-691-9280
Daytime Phone #