

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # G35813

1. Entity Name
JOHN ROLLAND GENERAL CONTRACTOR, INC.



Principal Place of Business
**5788 WINDDRIFT LANE
BOCA RATON, FL 33433**

Mailing Address
**5788 WINDDRIFT LANE
BOCA RATON, FL 33433**



03052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2285439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROLLAND, JOHN
5788 WINDDRIFT LANE
BOCA RATON, FL 33433**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROLLAND, JOHN
5788 WINDDRIFT LANE
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROLLAND, MARIEKE
5788 WINDDRIFT LANE
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U00000468585
03/24/06-80037-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ROLLAND

3/12/06 954-425.264

Daytime Phone

PRESIDENT