

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2006 08:00 AM  
Secretary of State

DOCUMENT # H34990

1. Entity Name  
RO-LIN RENTALS & SALES, INC.



Principal Place of Business  
2549 CLEVELAND AVE  
FT MYERS, FL 33901

Mailing Address  
2549 CLEVELAND AVE  
FT MYERS, FL 33901



DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2474466

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STAWICKI, THOMAS R  
2549 CLEVELAND AVE  
FT MYERS, FL 33901

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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**

000000415990  
02/11/06-80106-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAWICK, THOMAS R JR 2460 BURTON AVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAWICKI, KRISTYN 2460 BURTON AVE FORT MYERS, FL 33907
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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 like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/06 + 337-1633