

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90305 018 ***150.00

DOCUMENT # K30429
 1. Entity Name
 ROLAND SERVICES, INC.



Principal Place of Business: % RICHARD P. ZARETSKY, 2445 10TH AVE N, LAKE WORTH, FL 33461
 Mailing Address: P.O BOX 210248, ROYAL PALM BEACH, FL 33421



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 6901 OKEECHUSEE BLVD, D-1
 City & State: WEST PALM BEACH FL
 Zip: 33411, Country: Palm Beach

02072005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0069807 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ZARETSKY, RICHARD P, 1655 PALM BEACH LAKES BLVD, SUITE 900, WEST PALM BEACH, FL 33401
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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 reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: MORIN, PATRICK STREET ADDRESS: P.O BOX 210248 CITY-ST-ZIP: ROYAL PALM BEACH, FL 33421	<input type="checkbox"/> Delete	TITLE: DP NAME: MORIN, PATRICK STREET ADDRESS: 6901 OKEECHUSEE BLVD D-1 CITY-ST-ZIP: WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: [Signature] Date: 4-14-05 Daytime Phone # _____