

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K46753

1. Entity Name
ROLLS DEVELOPMENT, INC.



Principal Place of Business
**12827 WATER POINT BLVD
WINDERMERE, FL 34786**

Mailing Address
**12827 WATER POINT BLVD
WINDERMERE, FL 34786**

FILED
Jan 27, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2918047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRIBBS, W R SR
12827 WATER POINT BLVD
WINDERMERE, FL 34786**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KRIBBS, W R SR
STREET ADDRESS 12827 WATER POINT BLVD
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE STD
NAME BIRKINBINE, CURTIS E
STREET ADDRESS 4109 FAIRVIEW VISTA POINT
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
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1100000183455
01/27/05-80094-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/18/05 407-876-5881