


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L19776 1. Entity Name ROWLAND'S, INC.	
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Principal Place of Business 1120 SOUTH EIGHTH STREET FERNANDINA BEACH, FL 32034-3711	Mailing Address 1120 SOUTH EIGHTH STREET FERNANDINA BEACH, FL 32034-3711
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01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2969859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, WALLACE D
 1120 SOUTH EIGHTH STREET
 FERNANDINA BEACH, FL 32034-3711

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DP ROWLAND, WALLACE D. 1120 SOUTH 8 ST. FERNANDINA BCH., FL 320343711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCOTT, ARLENE ROWLAND 1120 SOUTH 8 ST. FERNANDINA BCH., FL 320343711
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 04/08/08-80021-025.150.00

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:  Date: 1-28-08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR