

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90110 011 \*\*\*\*61.25

**DOCUMENT # N95000004226**

1. Entity Name  
**ROLL'N REBELS, INC.**



Principal Place of Business  
**SHEILA M. COLLETTI**  
**1214 MOTORCOACH DR**  
**POLK CITY, FL 33868 US**

Mailing Address  
**1418 VALIANT AVE**  
**SPRING HILL, FL 34608-5460 US**



2. Principal Place of Business  
**9254 SCEPTER AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**9254 SCEPTER AVE**  
Suite, Apt. #, etc.

04212006 Chg-NP CR2E037 (11/05)

City & State  
**BROOKSVILLE, FL**  
Zip  
**34613**  
Country  
**HERNANDO**

City & State  
**BROOKSVILLE, FL**  
Zip  
**34613**  
Country  
**HERNANDO**

4. FEI Number  
**59-3338679**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLLETTI, SHEILA M**  
**1418 VALIANT AVE**  
**SPRING HILL, FL 34608-5460**

7. Name and Address of New Registered Agent  
Name  
**SHEILA M. COLLETTI**  
Street Address (P.O. Box Number is Not Acceptable)  
**9254 SCEPTER AVE**  
City  
**BROOKSVILLE** FL Zip Code  
**34613**

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 *Sheila M. Colletti* DATE **4-21-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLETTI, FRANK 1418 VALLANT AVE SPRING HILL, FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLETTI, SHEILA M 1418 VALIANT AVE SPRING HILL, FL 346085460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICE, DANIEL O 1214 MOTORREACH DR POLK CITY, FL 338689182 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HANRAHAN, FRANCES 2825 TIGER CREEK FOREST LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COLLETTI, SHEILA M 1418 VALIANT AVE SPRING HILL, FL 346085460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND RICARDO, JIMMIE 13063 COUNTY LINE RD SPRINGHILL, FL 34609 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK COLLETTI 9254 SCEPTER AVE BROOKSVILLE-FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEILA M. COLLETTI 9254 SCEPTER AVE BROOKSVILLE-FL-34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD PARRY 144 E PLANTATION BLVD LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP EDWARD HANRAHAN 2825 TIGER CREEK FOREST LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 9254 SCEPTER AVE BROOKSVILLE FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Sheila M. Colletti* **SHEILA M COLLETTI** DATE **4-21-06** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #