

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N95000004226

1. Entity Name
ROLL'N REBELS, INC.



Principal Place of Business
**9254 SCEPTER AV
BROOKSVILLE, FL 34613 US**

Mailing Address
**9254 SCEPTER AV
BROOKSVILLE, FL 34613 US**



02192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3338679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLLETTI, SHEILA M
9254 SCEPTER AVE
BROOKSVILLE, FL 34613**

**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 amending)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	P COLLETTI, FRANK 9254 SCEPTER AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLETTI, SHEILA M 9254 SCEPTER AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRY, DONALD 144 EAST PLANTATION BLVD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HANRAHAN, EDWARD 2825 TIGER CREEK FOREST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COLLETTI, SHEILA M 9254 SCEPTER AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND RICARDO, JIMMIE 13063 COUNTY LINE RD SPRINGHILL, FL 34609

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03/07/07-80049-016 61.25

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IN THIS SPACE**

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* **2-21-07** **352-597-4596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #