

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000062056

1. Entity Name  
LORD ROLANN & COMPANY, INC.



Principal Place of Business  
2118 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062

Mailing Address  
2118 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**



02212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1026072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MALEK, NADIA  
2118 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062

**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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	D SANTONI, PATRICIA 2118 E. ATLANTIC BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALEK, NADIA 2118 E. ATLANTIC BLVD POMPANO BEACH, FL 33062
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U000000126186  
04/23/04-80023-018 150.00

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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)(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: Patricia A. Santoni as President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04 954.415.6974

Date

Daytime Phone #

PATRICIA A. SANTONI as PRESIDENT