



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90053 019 ***150.00

DOCUMENT # P00000112164 1. Entity Name ROLLING MEADOW FJORDS, INC.					
Principal Place of Business 13241 NIGHT OWL LN PALM BCH GARDENS, FL 33118				Mailing Address 13241 NIGHT OWL LN PALM BCH GARDENS, FL 33118	
2. Principal Place of Business 13920 Rosewood Lane Suite, Apt. #, etc. Palm Beach Gardens, FL City & State 33418		3. Mailing Address 115 Lakeshore Drive #247 Suite, Apt. #, etc. North Palm Beach, FL City & State 33408			
Zip Country FL		Zip Country 33408 Palm Beach		4. FEI Number 65-1061540 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 MCGRATH, SUSAN 13241 NIGHT OWL LN PALM BCH GARDENS, FL 33118			7. Name and Address of New Registered Agent Name Cole, Susan Street Address (P.O. Box Number is Not Acceptable) 115 Lakeshore Drive #247 City North Palm Beach FL Zip Code 33408		
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 _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, SUSAN 13241 NIGHT OWL LN PALM BCH GARDENS, FL 33118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cole McGrath, Susan 115 Lakeshore Drive #247 North Palm Beach, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Susan McGrath Cole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/10/05 <small>Date</small>		561 317-2275 <small>Daytime Phone #</small>