

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90158 006 ***150.00

DOCUMENT # P01000079326

1. Entity Name
ROLIST, INC.



Principal Place of Business
1446 NW BOCA RATON BLVD.
#110
BOCA RATON, FL 33432

Mailing Address
1446 NW BOCA RATON BLVD.
#110
BOCA RATON, FL 33432

40068693

2. Principal Place of Business

2965 SW 22 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.
207

Suite, Apt. #, etc.

04252006 : Chg-P CR2E034 (11/05)

City & State

DELRAY BEACH, FL

City & State

4. FEI Number

65-1131125

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHATZ, RICHARD E
STEARNS WEAVER MILLER ET AL.
2200 MUSEUM TOWER, 150 W FLAGLER STREET
MIAMI, FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PETRUZZI, CHARLES
STREET ADDRESS 660 LINTON BLVD SUITE 206G
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☒ Change ☐ Addition
NAME PETRUZZI, CHARLES
STREET ADDRESS 2965 SW 22 AVE #207
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☐ Delete
NAME PENBE, GREG
STREET ADDRESS 660 LINTON BLVD SUITE 206G
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☒ Change ☐ Addition
NAME PENBE, GREG
STREET ADDRESS 2965 SW 22 AVE #207
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☐ Delete
NAME PETRUZZI, ANTHONY
STREET ADDRESS 660 LINTON BLVD SUITE 206G
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☒ Change ☐ Addition
NAME PETRUZZI, ANTHONY
STREET ADDRESS 2965 SW 22 AVE #207
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☐ Delete
NAME PENBE, CLIFF
STREET ADDRESS 660 LINTON BLVD SUITE 206G
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☒ Change ☐ Addition
NAME PENBE, CLIFF
STREET ADDRESS 2965 SW 22 AVE #207
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFF PENBE

4/26/06

561-756-7015