2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116994

Entity Name: ROLLS & REMS, INC.

FILED Mar 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2743 AMERICA AVE 2743 AMERICA AVE.

JACKSONVILLE BCH, FL 322502505 JACKSONVILLE BEACH, FL 322502505

Current Mailing Address: New Mailing Address:

PO BOX 16952 2743 AMERICA AVE

JACKSONVILLE, FL 322456952 JACKSONVILLE BEACH, FL 322502505

FEI Number: 60-0000815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLINS, NICKY M COLLINS, NICKY M 2743 AMERICA AVE 2743 AMERICA AVE

JACKSONVILLE BCH, FL 322502505 JACKSONVILLE BEACH, FL 322502505

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.

SIGNATURE: 03/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVT () Delete Title: DPVT (X) Change () Addition

 Name:
 COLLINS, NICKY M
 Name:
 COLLINS, NICKY M

 Address:
 2743 AMERICA AVE
 Address:
 2743 AMERICA AVE.

City-St-Zip: JACKSONVILLE BCH, FL 322502505 City-St-Zip: JACKSONVILLE BEACH, FL 322502505

Title: S () Delete Title: S (X) Change () Addition

Name: COLLINS, SHIRLEY A
Address: 2743 AMERICA AVE
Address: 2743 AMERICA AVE
Address: 2743 AMERICA AVE.

City-St-Zip: JACKSONVILLE BCH, FL 322502505 City-St-Zip: JACKSONVILLE BEACH, FL 322502505

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICKY M. COLLINS DPVT 03/21/2004