



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000037455 1. Entity Name ROLLO ENTERPRISES, INC.	
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Principal Place of Business 8049 N. 9TH AVE PENSACOLA, FL 32514	Mailing Address 8049 N. 9TH AVE PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE


03272007 No Chg-P CR2E034 (11/05)
4. FEI Number
30-0064224 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**ROLLO, LAWRENCE D SR.
5832 TANGLEWOOD DR
MILTON, FL 32570**

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000697771 04/18/07 80053 017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLLO, LAWRENCE D JR. 8300 GLENEAGLES DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLLO, LAWRENCE D SR. 5832 TANGLEWOOD DR MILTON, FL 32570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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
Date **4-5-07** Daytime Phone # **850-994-3649**