

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000037455

1. Entity Name

ROLLO ENTERPRISES, INC.



**FILED
May 09, 2008 8:00 am
Secretary of State**

05-09-2008 90012 011 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address					
8049 N. 9TH AVE PENSACOLA FL 32514		8049 N. 9TH AVE PENSACOLA FL 32514					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROLLO, LAWRENCE D SR. 5832 TANGLEWOOD DR MILTON FL 32570 3 DELETE				Name LAWRENCE D. ROLLO JR <small>Street Address (P.O. Box Number is Not Acceptable)</small> 3300 GLENEAGLES DR. City PACE FL Zip Code 32571			
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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P ROLLO, LAWRENCE D JR.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3300 GLENEAGLES DR		
CITY-ST-ZIP	PACE FL 32571		
TITLE	ST ROLLO, LAWRENCE D SR.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5832 TANGLEWOOD DR		
CITY-ST-ZIP	MILTON FL 32570		
TITLE	ST ROLLO, DONNA M. 3300 GLENEAGLES DR PACE, FL 32571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lawrence D. Rollo Jr.* LAWRENCE D. ROLLO JR 4-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #