

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-09-2008 90012 011 ***150.00

DOCUMENT # P02000037455

1. Entity Name

ROLLO ENTERPRISES, INC.



Principal Place of Business

8049 N. 9TH AVE
PENSACOLA FL 32514

Mailing Address

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

4. FEI Number

30-0064224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

ROLLO, LAWRENCE D SR.
5832 TANGLEWOOD DR
MILTON FL 32570

DELETE

7. Name and Address of New Registered Agent

Name

LAWRENCE D. ROLLO JR

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

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 resigning)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **4-23-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #