

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 024 ***150.00

DOCUMENT # P03000034124

1. Entity Name

ROLLTHEDICE.COM, INC.



Principal Place of Business

311 CAMBY ROAD
PORT ST. LUCIE FL 34952

Mailing Address

311 CAMBY ROAD
PORT ST. LUCIE FL 34952

94077677



MOORE CR2E034 (11/03)

2. Principal Place of Business

3111 S.E. Canby Rd
Suite, Apt. #, etc.

3. Mailing Address

3111 S.E. Canby Rd
Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

32-0069524

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIANINO, PETER T
217 E. OCEAN BLVD.
STUART FL 34994

7. Name and Address of New Registered Agent

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, 2004 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 D
NAME CECARIO, MARY JO
STREET ADDRESS 311 CAMBY ROAD
CITY-ST-ZIP PORT ST. LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Cesario, Mary Jo
STREET ADDRESS 311 SE Canby Rd
CITY-ST-ZIP Port St Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Daytime Phone #