

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055386

FILED
Apr 17, 2004
Secretary of State

Entity Name: ROLLING OAKS MANAGEMENT GROUP, INC.

Current Principal Place of Business:

18459 PINES BLVD,
#254
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD,
#254
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-0055033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONGEOTTI, S. LINNETTE
17351 SW 7TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONGEOTTI, S. LINNETTE
Address: 17351 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: MONGEOTTI, ANGEL A
Address: 17351 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC. () Delete
Name: MONGEOTTI, S. LINNETTE
Address: 17351 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TREA () Delete
Name: MONGEOTTI, S. LINNETTE
Address: 17351 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BOYLSTON, JOHN L
Address: P.O. BOX 2887
City-St-Zip: ORANGEBURG, SC 29118

Title: DIR () Change (X) Addition
Name: BOYLSTON, BRYCE
Address: P.O. BOX 2887
City-St-Zip: ORANGEBURG, SC 29118

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: S. LINNETTE MONGEOTTI

P

04/17/2004

Electronic Signature of Signing Officer or Director

_____ Date