

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000140310

1. Entity Name
DAVE ROELANDT, INC.



Principal Place of Business
1270 PACKER RD. SE
PALM BAY, FL 32909 US

Mailing Address
1270 PACKER RD. SE
PALM BAY, FL 32909 US



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0431894 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROELANDT, DAVID
1270 PACKER RD. SE
PALM BAY, FL 32909

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UNIFORM 467504
03/23/06-80053-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROELANDT, DAVID 1270 PACKER RD. SE PALM BAY, FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROELANDT, LAURA 1270 PACKER RD. SE PALM BAY, FL 32909 |
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IN THIS SPACE**

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

David Roelandt

3/9/06

Date

Daytime Phone #