## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P05000012142  1. Entity Name ROLLYSON ENTERPRISES, INC.							40	04-04-2008 9	0018 025	; ***150.	00
Principal Place of Business 4900 CALAMONDIN AVENUE COCOA,, FL 32926 US				ing Address 00 CALAMONDIN AV COA,, FL 32926		. 	1 1810 1811 1811 1811 8811	<b>1</b> /11/1	11 17 <b>8 (1 8 18 18</b> 17 <b>8</b> 17 8 17 8 17 8 17 8 17 8 17 8 17 8 17	III. II 1 <b>11</b> 1	
2. Principal Pl	lace of Busin	ess - No P.O. Box #	3. M	ailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			·	03172008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State				4. FEI Number Applied For 20-2221223 Not Applicable				t Applicable
Zip	Country		Zij	Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registe	red Agent		7. Name and Address of New Registered Agent					
rich Diago						Name					
RÖLLÝSON, JAMES 4900 CALAMONDIN AVENUE COCOA, FL 32926						Street Address (P.O. Box Number is Not Acceptable)					
K				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									DATE	<del></del> -	<del></del> -
<del></del>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.							i.00 May Be ded to Fees				
10.		OFFICERS AND	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					S IN 11	
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12. I hereby	certify that th	e information supplied wit	h this fili	ng does not qualify for	or the ex	remotions containe	d in Chapter 11	9, Florida Statutes, I	further certi	fy that the ir	nformation
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 pther like empowered.											

SIGNATURE: Jamm Stallison

3,31.02

321633 41100

Daytime Phone