

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2007-90024-043-\$150.00-\$150.00

DOCUMENT # P06000042606	
1. Entity Name ROLL, INC.	

Principal Place of Business 249 JASPER ST WEST - # 57 LARGO FL 33770	Mailing Address 249 JASPER ST WEST - # 57 LARGO FL 33770
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2. Principal Place of Business - No P.O. Box # HARRY'S GAR 1330 HARGROVE RD TUSCALOOSA, AL 35401 USA	3. Mailing Address VICKI M. ROLL 900 HARGROVE RD #87 TUSCALOOSA, AL 35401 USA
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FILED
07 SEP 21 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE CR2E034 (4/07)



4. FEI Number 20-4597222	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROLL, VICKI M 249 JASPER ST WEST - # 57 LARGO FL 33770	7. Name and Address of New Registered Agent Name: ROLL, Vicki M. Street Address (P.O. Box Number is Not Applicable): 1280 LAKEVIEW RD. #213 City & State: CLEARWATER, Florida Zip Code: 33756
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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: Vicki M. Roll DATE: 8/24/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when eliminating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROLL, VICKI M 249 JASPER ST WEST - # 57 LARGO FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROLL, VICKI M. 900 HARGROVE RD. #87 TUSCALOOSA, AL. 35401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Vicki M. Roll DATE: 8/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR