

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 10, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000094617

1. Entity Name

ROLFEE 12, INC



Principal Place of Business  
7464 BROOKHAVEN TER  
ENGLEWOOD FL 34224  
US

Mailing Address  
7464 BROOKHAVEN TER  
ENGLEWOOD FL 34224  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-1285846

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZZO, JOHN P  
773 SO INDIANA AVENUE  
ENGLEWOOD FL 34223

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 certifying)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ROLFE, WILLIAM F ☐ Delete  
STREET ADDRESS 7464 BROOKHAVEN TER  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000853481  
CITY-ST-ZIP 03/26/08-80070-024 150.00

TITLE  
NAME VP ☐ Delete  
STREET ADDRESS ROLFE, TOMMA  
CITY-ST-ZIP 7464 BROOKHAVEN TER  
ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME T ☐ Delete  
STREET ADDRESS ROLFE, SCOTT E  
CITY-ST-ZIP 9059 APPLE VALLEY AVENUE  
ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME VP ☐ Delete  
STREET ADDRESS ROLFE, LINDA B  
CITY-ST-ZIP 9059 APPLE VALLEY AVENUE  
ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William F Rolfe* William F Rolfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/08

941-475-7895