

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106513

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: ROSLINB INC.

**Current Principal Place of Business:**

1842 DEL ROBLES DR  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

1842 DEL ROBLES DR  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 26-3859980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE ST. #185  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

ROSCOE, BEATY K PRES  
1842 DEL ROBLES DR  
CLEARWATER, FL 32764 US

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: ROSCOE K BEATY

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEATY, ROSCOE K  
Address: 1842 DEL ROBLES DR  
City-St-Zip: CLEARWATER, FL 33764 US

Title: SECT ( ) Delete  
Name: BEATY, LINDA M  
Address: 1842 DEL ROBLES DR  
City-St-Zip: CLEARWATER, FL 33764 US

Title: TREA ( ) Delete  
Name: BEATY, LINDA M  
Address: 1842 DEL ROBLES DR  
City-St-Zip: CLEARWATER, FL 33764 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSCOE K BEATY

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date