

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019274

Entity Name: ROLL-A-WAY, INC.

FILED  
Jan 10, 2005  
Secretary of State

## Current Principal Place of Business:

10601 OAK STREET N.E.  
ST. PETERSBURG, FL 33716

## New Principal Place of Business:

## Current Mailing Address:

10601 OAK STREET N.E.  
ST. PETERSBURG, FL 33716

## New Mailing Address:

FEI Number: 59-3181371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COFFILL, JOHN  
2203 N LOIS AVE  
9TH FLOOR SUITE 37  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VALVERDE, DON  
Address: 2203 N LOIS AVE STE 37  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: COFFILL, JOHN  
Address: 10601 OAK ST NE  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V ( ) Delete  
Name: CONLEN, LYNN S  
Address: 10601 OAK STREET NE  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V ( ) Delete  
Name: LOMBARDO, BELINDA  
Address: 10601 OAK ST NE  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: V ( ) Delete  
Name: NEWELL, KATHLEEN  
Address: 10601 OAK ST NE  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: COFFILL, JOHN  
Address: 10601 OAK ST NE  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP (X) Change ( ) Addition  
Name: CONLEN, LYNN S  
Address: 10601 OAK STREET NE  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S (X) Change ( ) Addition  
Name: LEVY, BUDDY J  
Address: 2203 N. LOIS AVE, SUITE 912  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: VALVERDE, DONNA  
Address: 2203 N. LOIS AVE., SUITE 937  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BUDDY J. LEVY

S

01/10/2005

Electronic Signature of Signing Officer or Director

Date