## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000019274

Entity Name: ROLL-A-WAY, INC.

City-St-Zip:

SAINT PETERSBURG, FL 33716

FILED Mar 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10601 OAK STREET N.E. ST. PETERSBURG, FL 33716 **Current Mailing Address: New Mailing Address:** 10601 OAK STREET N.E ST. PETERSBURG, FL 33716 FEI Number: 59-3181371 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVY, BUDDY J 2203 N LOIS AVE 9TH FLOOR SUITE 12 TAMPA, FL 33607 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition COFFILL, JOHN Name: Name: 10601 OAK ST NE Address: Address: City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition Name: CONLEN. LYNN S Name: LEVY, BUDDY J 10601 OAK STREET NE 2203 N. LOIS AVE., SUITE 912 Address: Address: ST. PETERSBURG, FL 33716 TAMPA, FL 33617 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition LEVY, BUDDY J Name: Name: 2203 N. LOIS AVE, SIUTE 912 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: (X) Delete Title: () Change () Addition NEWELL, KATHLEEN Name: Name: Address: 10601 OAK ST NE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: BUDDY J. LEVY S 03/05/2007