

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000038818

1. Entity Name
A & W ROLLER, INC.



Principal Place of Business
162 E DOUGLAS RD.
OLDSMAR, FL 34677 US

Mailing Address
162 E DOUGLAS RD
OLDSMAR, FL 34677 US

FILED
Feb 18, 2005 08:00 AM
Secretary of State



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3185817

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHORT, PAUL R
7522 NORTH 40TH STREET
TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITMAN, CAROL L
4120 JOY DRIVE
LAND O'LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITMAN, JEANETTE L
811 EVENINGSIDE COURT
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000235126
02/18/05-80050-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Duane C. Whitman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 Feb 05 (813) 854-4119