

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000084957

1. Entity Name
ROLLING OAK SUPPLY, INC.



Principal Place of Business
5675 NEW TAMPA HWY
UNIT #5
LAKELAND, FL 33815 US

Mailing Address
P.O. BOX 91627
LAKELAND, FL 33804-1627



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0451570

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

SACCOMAN, DOROTHY A.
4244 WINDCHIME LN
LAKELAND, FL 33811

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000388128
01/20/06-80033-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SACCOMAN, DOROTHY A
STREET ADDRESS	7838 ROLLING GROVE DR E
CITY-ST-ZIP	LAKELAND, FL
TITLE	VP
NAME	SACCOMAN, STANLEY J
STREET ADDRESS	4244 WINDCHIME LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dorothy A. Saccoman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

(883) 6889907

Daytime Phone #