

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90030 034 ***150.00

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
5675 NEW TAMPA HWY
UNIT #5
LAKELAND FL 33815
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

UNIT # 3

Suite, Apt. #, etc.

UNIT # 3

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number 65-0451570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACCOMAN, DOROTHY A.
4244 WINDCHIME LN
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 this I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SACCOMAN, DOROTHY A
STREET ADDRESS 7838 ROLLING GROVE DR E
CITY-ST-ZIP LAKELAND FL

☒ Change ☐ Addition
NAME 5675 NEW TAMPA HWY. #3
STREET ADDRESS LAKELAND, FL 33815
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SACCOMAN, STANLEY J
STREET ADDRESS 4244 WINDCHIME LANE
CITY-ST-ZIP LAKELAND FL 33811

☒ Change ☐ Addition
NAME 5675 NEW TAMPA HWY. #3
STREET ADDRESS LAKELAND, FL 33815
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 DOROTHY A. SACCOMAN

1/28/08

863 6889007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #