

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-06-2008 90037 047 ***150.00

DOCUMENT # P94000017788 1. Entity Name TAPEROLL.COM, INC.	
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Principal Place of Business 1069 MAIN ST SEBASTIAN, FL 32958 US	Mailing Address % P.O. BOX 781390 SEBASTIAN, FL 32978-1390 US
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66004957



02152008 No Chg-P CP2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0482352	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LULICH, LINDA C 1069 MAIN STREET SEBASTIAN, FL 32958

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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 *Linda Lulich* 3-16-08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LULICH, LINDA 1069 MAIN ST. SEBASTIAN, FL 329781390
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LULICH, STEVE 1069 MAIN ST SEBASTIAN, FL 32958
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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 filers empowered.

SIGNATURE *Linda Lulich* 3-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #