

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000030306

1. Entity Name
ROLL-MASTERS, INC.



FILED

2007 DEC 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3484 E. HARTLEY CT
BUILDING #B
HERNANDO, FL 34442

Mailing Address
3484 E. HARTLEY CT
BUILDING #B
HERNANDO, FL 34442

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11122007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3313597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EICHLER, JOHN
4380 N. AMARILLO DR
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name

John S. Simons

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

121 NW 3rd Street

City

Ocala

FL

Zip Code

34475

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)

12/3/2007

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COMPTON, J. STUART
STREET ADDRESS 3475 SE 41ST PLACE
CITY-ST-ZIP OCALA, FL 344807229 ☒ Delete

TITLE VD
NAME EICHLER, JOHN
STREET ADDRESS 4380 N AMARILLO DR
CITY-ST-ZIP BEVERLY HILLS, FL 34465 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Anthony Brummer
STREET ADDRESS 3650 CR 561
CITY-ST-ZIP Tavares, FL 32778 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/07

DATE

Daytime Phone #

12/18