


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90042 027 ***150.00

DOCUMENT # P95000051338							
1. Entity Name DAVID ROWLAND INTERESTS, INC.							
Principal Place of Business 3 HEINZ DRIVE WILKES BARRE PA 18702 US			Mailing Address P.O. BOX 1689 WILKES-BARRE PA 18703 US				
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	4. FEI Number 65-0593658			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ZAKS, JOSEPH D 801 ANCHOR RD STE 203 NAPLES FL 34103			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<table border="1"> <tr> <td>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</td> <td>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</td> </tr> </table>						FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROWLAND, DAVID 1861 TOUCAN WAY UNIT 1203 SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROWLAND, DAVID 347 N. NEW RIVER DRIVE EAST-UNIT 2709 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROWLAND

3/6/07

239-560-6146

Date

Daytime Phone *