

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90054 037 \*\*\*163.75

**DOCUMENT # P96000040765**

1. Entity Name

**ROLFE ENTERPRISES, INC.**



Principal Place of Business

**713 PINESIDE LN  
NAPLES FL 34108  
US**

Mailing Address

**P.O. BOX 110310  
NAPLES FL 34108-0106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0664962**

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

**MID-CONTINENTAL SECURITIES CORP.  
713 PINESIDE LN  
NAPLES FL 34108**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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          | PD                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | POPE, DOMINICK                      |  |
| STREET ADDRESS | 195 10TH AVE                        |  |
| CITY-ST-ZIP    | NEW YORK NY 10011                   |  |
| TITLE          | D                                   | <input checked="" type="checkbox"/> Delete |
| NAME           | PIOPPI, FRANK                       |  |
| STREET ADDRESS | 5150 TAMiami TR N STE 202           |  |
| CITY-ST-ZIP    | NAPLES FL 34103                     |  |
| TITLE          | <b>PRESIDENT / DIRECTOR</b>         | <input type="checkbox"/> Delete            |
| NAME           | <b>JAMES WALKER</b>                 |  |
| STREET ADDRESS | <b>3229 WENTWOOD DRIVE, STE 200</b> |  |
| CITY-ST-ZIP    | <b>DALLAS, TX 75225</b>             |  |
| TITLE          | <b>SECRETARY / DIRECTOR</b>         | <input type="checkbox"/> Delete            |
| NAME           | <b>MICHAEL JACOBSEN</b>             |  |
| STREET ADDRESS | <b>3229 WENTWOOD DRIVE, STE 200</b> |  |
| CITY-ST-ZIP    | <b>DALLAS, TX 75225</b>             |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Michael Jacobsen SECRETARY/DIR **3/6/04 214-691-7880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #