## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 09, 2004 8:00 am Secretary of State DOCUMENT # P96000052899 1. Entity Name 02-09-2004 90052 046 \*\*\*150 00 STEVE ROLAND SHELVING CO., INC. Mailing Address Principal Place of Business 11801 TALL ELM COURT RIVERVIEW FL 33569 11801 TALL ELM COURT RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address 1925 PO Box Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Gity & State Applied For 4. FEI Number City & State 59-3385813 uervieu Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLAND, CAROLYN B Street Address (P.O. Box Number's Not Acceptable) 11801 TALL ELM COURT RIVERVIEW FL 33569 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition PS TITLE TITLE ☐ Delete Roland, Steven M (address) ROLAND, STEVEN M NAME NAME 11524 River Country Dr. STREET ADDRESS STREET ADDRESS 11801 TALL ELM COURT RIVERVIEW, FL 33569 RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Delete Change Addition TITLE Roland, Carolyn B. NAME ROLAND, CAROLYN B NAME (address) 11524 River Country Dr. 11801 TALL ELM COURT STREET ADDRESS STREET ADDRESS Biverview, FL 33569 RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Carolyn B. Roland, VP 1/28/04 813-671-1940 Date Daytime Priorie #

FILED