

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000028004

1. Entity Name
ROLLIN SOUND WEST, INC.



Principal Place of Business
**1429 CASSAT AVE
JACKSONVILLE, FL 32205**

Mailing Address
**1429 CASSAT AVE
JACKSONVILLE, FL 32205**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3564164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANLY, ROBBIN HOOD
1429 CASSAT AVE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 restatesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000085200
03/11/04-80033-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANLY, ROBBIN HOOD
STREET ADDRESS	420 WESLEY RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	MANLY, SHARON KAY
STREET ADDRESS	420 WESLEY RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:

Robbin H. Manly **ROBBIN H. MANLY**

3-9-2004

Date

388-9158

Daytime Phone #