


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 031 ****61.25

DOCUMENT # N03000009390

1. Entity Name
ROCK 2, INC.



Principal Place of Business
**255 EAST HIGH STREET
 OVIEDO, FL 32765**

Mailing Address
**255 EAST HIGH STREET
 OVIEDO, FL 32765**

44049020



2. Principal Place of Business
9403 CROCUS CT.

3. Mailing Address
PO BOX 780595

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State
FORT MYERS, FL

City & State
ORLANDO, FL

Zip
33912

Country
LEE

Zip
32878

Country
ORANGE

4. FEI Number
04-3775316

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAMER, JOHN W
 255 EAST HIGH STREET
 OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

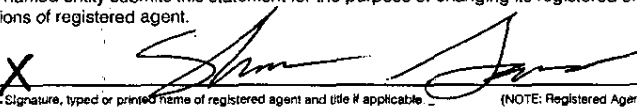
Name
SHAUN LARA

Street Address (P.O. Box Number is Not Acceptable)
9403 CROCUS CT.

City
FORT MYERS, FL

Zip Code
33912

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  DATE _____

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HEATHER 12401 GOLDEN KNIGHT CIRCLE #106 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, BEN 165 WINDSAIL PLACE APT 1-209A OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACELLA, STEPHEN V 12359 RELATIVITY WAY APT 301 ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEXTER, THOMAS A 12112 FOUNTAINBROOK BLVD #334 ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAMER, JOHN 225 E HIGH STREET OVIEDO, FL 32675	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMLESS, DONNIE 2723 RAINBOW SPRINGS LANE ORLANDO, FL 32828	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P SHAUN LARA 9403 CROCUS CT. FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT WHIPPLE 12150 RENAISSANCE CT. #204 ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  3/29/04 321-695-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #