

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 027 ***150.00

DOCUMENT # P01000018900
 1. Entity Name
 QUIK ROCK & METAL, INC.



Principal Place of Business: 204 APACHE DR INDIAN HARBOUR BCH FL
 Mailing Address: 204 APACHE DR INDIAN HARBOUR BCH FL

2. Principal Place of Business: 204 Apache Dr
 3. Mailing Address: 204 Apache Dr



MOORE CR2E034 (11/03)

City & State: Indian Harbour Bch FL
 4. FEI Number: 59-3701793
 Applied For: Not Applicable

Zip: 32937 Country: Brevard
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BURKLEW, CHARLES R, 204 APACHE DR, INDIAN HARBOUR BCH FL
 7. Name and Address of New Registered Agent: 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: _____

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: DP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BURKLEW, CHARLES R		NAME:	
STREET ADDRESS: 204 APACHE DR		STREET ADDRESS:	
CITY-ST-ZIP: INDIAN HARBOUR BCH FL		CITY-ST-ZIP:	
TITLE: DV	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOSELEY, JOHN		NAME:	
STREET ADDRESS: 6012 SUNFLOWER		STREET ADDRESS:	
CITY-ST-ZIP: PORT ST. JOHN FL 32927		CITY-ST-ZIP:	
TITLE: DS	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANDERSON, MIKE		NAME:	
STREET ADDRESS: 475 GEPHART STREET		STREET ADDRESS:	
CITY-ST-ZIP: PALM BAY FL 32908		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Burklew
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Date of Phone: _____

321 777 2152