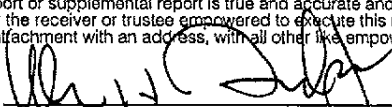


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000039173 1. Entity Name HIGH ROCK LAKE COMPANY, INC.			
Principal Place of Business 3030 S DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405-1539		Mailing Address 3030 S DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405-1539	
DO NOT WRITE IN THIS SPACE			
			
		01162006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 03-0424970	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent			
SNED, WILLIAM H JR, ESQ 3030 S DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405-1539			
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSD	U0000003960144 01/27/06-80016-018 150.00 DO NOT WRITE IN THIS SPACE	
NAME	SNED, WILLIAM H JR.		
STREET ADDRESS	3030 S DIXIE HIGHWAY, SUITE 5		
CITY-ST-ZIP	WEST PALM BEACH, FL 334051539		
TITLE	VTD		
NAME	REAMER, MARCIA S		
STREET ADDRESS	131 NORTH MAIN STREET		
CITY-ST-ZIP	SALISBURY, NC 281444304		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		William H. Sned, Jr. / 1/17/06 561/655-8631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #