2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000039173

1. Entity Name
HIGH ROCK LAKE COMPANY, INC.

Principal Place of Business	Mailing Address
3030 S DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405-1539	3030 S DIXIE HIGHWAY, SUITE 5 WEST PALM BEACH, FL 33405-1539

DO NOT WRITE IN THIS SPACE

01102008 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

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

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80054-025 150.00

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