2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Jan 25, 2007 08:00 AN
Secretary of State

DOCUMENT # P03000037290 L chilly have CASTLE ROCK IMPORTS, INC. Principal Place of Business 2018 SE 215T STREET CAPE CORAL, R. 33990 DO NOT WRITE IN THIS SPACE On 1920						Secretary of S
2018 SE 21ST STREET CAPE CORAL, FL 33990 DO NOT WRITE IN THIS SPACE O11500 N Ochg-P CR2E034 (11/05) ON OT WRITE IN THIS SPACE ON ONOT WRITE IN THIS SPACE ON ONOT WRITE IN THIS SPACE OCH Indexes yes square stated on oregistered agent, or both, in the State of Fioride. I am lamitler with, and accept the deligations of registered agent, or both, in the State of Fioride. I am lamitler with, and accept the deligations of registered agent, or both, in the State of Fioride. I am lamitler with, and accept the deligations of registered agent. FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee with be \$550.00 O Election Campaign Financing That Fund Committed on. OFTI Indexes yes square stated on mentation Added to Foss INCOMPADED AGE ON ON OT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE INC STATE OFTI COMPAD, JAMES SINET ANGRES ONE AND THE STATE OFTI COMPAD, JAMES SINET ANGRES ONE ANGRES ONE OFTI COMPAD, JAMES SINET ANGRES ONE OFTI COMPAD, JAMES ONE OFTI COMPAD, JAMES SINET ANGRES ONE OFTI COMPAD, JAMES SINET ANGRES ONE OFTI COMPAD, JAMES ONE OFTI COMPAD, JAME	1. Entity Name	0				Secretary of S
DO NOT WRITE IN THIS SPACE One of the property of the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Signature	2018 SE 21ST STREET 2	018 SE 21ST STREET				
BLOW, DALE 2018 SE 21ST STREET CAPE CORAL, FE 33990 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 chilgalions of registered agent. SIGNATURE Signature, typed or privations of registered agent. PILE NOWILI FEE IS \$150.00 10. OFFICERS AND DIRECTORS TITLE BLOW, DALE SIRER AGRESS 2018 SE 21ST STREET CITY-ST-IP CAPE CORAL, FL 33990 TITLE NME SIRER AGRESS CITY-ST-IP CAPE CORAL, FL 33990 TITLE MACE SIRER AGRESS CITY-ST-IP CAPE CORAL, FL 33990 TITLE MACE SIRER AGRESS CITY-ST-IP CAPE CORAL, FL 33990 TITLE MACE SIRER AGRESS CITY-ST-IP TITLE TITLE MACE SIRER AGRESS CITY-ST-IP TITLE MACE SIRER AGRESS CITY-ST-IP TITLE TITL			E	01152007 1 4. FEI Number 06-168799	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10.	BLOW, DALE 2018 SE 21ST STREET	-				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. TITLE OFFICERS AND DIRECTORS Trust Fund Contribution. TITLE INM. DECOM, DALE SIREET ADDRESS CITY-S1-ZIP CAPE CORAL, FL 33990 TITLE SD LEONARD, BROOKE SIREET ADDRESS GITY-S1-ZIP CAPE CORAL, FL 33990 TITLE TITLE V NAME LEONARD, JAMES SIREET ADDRESS GITY-S1-ZIP TITLE NAME SIREET ADDRESS GITY-S1-ZIP TITLE TITLE NAME SIREET ADDRESS GITY-S1-ZIP TITLE TITLE SD Added to Fees O11/29/07-80038-017 150.00 O11/29/07-80038-017 TITLE SADDRESS GITY-S1-ZIP TITLE TITLE TITLE TITLE SD ADDRESS GITY-S1-ZIP TITLE SD ADDRESS GITY-S1-ZIP TITLE SD ADDRESS GITY-S1-ZIP TITLE TITLE TITLE TITLE SD ADDRESS GITY-S1-ZIP TITLE T	the obligations of registered agent.			<u> </u>	<u> </u>	DATE
TITLE INMAE BLOW, DALE SIREET ADDRESS COTY-ST-ZP CAPE CORAL, FL 33990 IIILE SD IMME LEONARD, BROOKE SIREET ADDRESS CITY-ST-ZP CAPE CORAL, FL 33990 ITTLE V NAME LEONARD, JAMES SIREET ADDRESS CITY-ST-ZP TITLE INTLE	After May 1, 2007 Fee will be \$550.00	Trust Fund Contribution.			000000 1/29/07- 	0604064 -80038-017 150.00
12. I hereby certify that the information supplied with this filling 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.	TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IIS SF	PACE