

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037290

Entity Name: CASTLE ROCK IMPORTS, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

424-A SE 47TH TERR  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2018 SE 21ST STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 06-1687997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOW, DALE  
2018 SE 21ST STREET  
CAPE CORAL, FL 33990      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BLOW, DALE  
Address: 2018 SE 21ST STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD ( ) Delete  
Name: LEONARD, BROOKE  
Address: 613 SE 22ND TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: V ( ) Delete  
Name: LEONARD, JAMES  
Address: 613 SE 22ND TERR  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROOKE LEONARD

SD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date