

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

DOCUMENT # P05000114180



1. Entity Name
ROCKING "W" ENTERPRISES INC

03-15-2006 90135 001 ****50.00
 03-15-2006 90135 002 ****50.00
 03-15-2006 90135 003 ****50.00

Principal Place of Business 8243 CACTUS HILL DR MELROSE FL 32666 US	Mailing Address 8243 CACTUS HILL DR MELROSE FL 32666 US
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2. Principal Place of Business 10960 BEACH BLVD Suite, Apt. #, etc. LOT 221 City & State JAY FL	3. Mailing Address 10960 BEACH BLVD Suite, Apt. #, etc. LOT 221 City & State JAY FL
Zip 32246 Country USA	Zip 32246 Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 20-3320237	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent XPRESS E-FILE INC 1511 PENMAN RD STE B JACKSONVILLE BEACH FL 32250	
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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PS WAINWRIGHT, MARK G 8243 CACTUS HILL DR MELROSE FL 32666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAINWRIGHT, MICHAEL 941 SW BRIM ST LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAINWRIGHT, MARK G JR 8483 PHOR ST JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark G. Wainwright Jr 3-2-06 352-225-2167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #