

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058211

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: ROADROCK & LODGE SERVICES, INC.

## Current Principal Place of Business:

101 VICTORIA LN  
HAINES CITY, FL 33844

## New Principal Place of Business:

223 GOLF AIRE BLVD  
HAINES CITY, FL 33844

## Current Mailing Address:

101 VICTORIA LN  
HAINES CITY, FL 33844

## New Mailing Address:

223 GOLF AIRE BLVD  
HAINES CITY, FL 33844

FEI Number: 20-4757907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LODGE, JOHN  
101 VICTORIA LN  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

LODGE, JOHN  
223 GOLF AIRE BLVD  
HAINES CITY, FL 33844 US

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: \_\_\_\_\_

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LODGE, JOHN  
Address: 101 VICTORIA LN  
City-St-Zip: HAINES CITY, FL 33844

Title: VPD ( ) Delete  
Name: ROADROCK, DAVID R  
Address: 101 VICTORIA LN  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LODGE, JOHN  
Address: 223 GOLF AIRE BLVD  
City-St-Zip: HAINES CITY, FL 33844

Title: VPD (X) Change ( ) Addition  
Name: ROADROCK, DAVID R  
Address: 223 GOLF AIRE BLVD  
City-St-Zip: HAINES CITY, FL 33844

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: JOHN LODGE

PD

02/19/2008

Electronic Signature of Signing Officer or Director

Date