## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

**DOCUMENT # P98000043771** 

ROCK ENTERPRISES, INC.

## **FILED** Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90199 008 \*\*\*150.00

Principal Place of Business	Mailing Address	
23970 PALM BEACH BOULEVARD ALVA, FL 33920	PO BOX 692 ALVA, FL 33920	60001969
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

2. Principa Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-0836810 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABOUJAOUDE, ROCK PE Street Address (P.O. Box Number is Not Acceptable) 23970 PLAM BEACH BOULEVARD ALVA, FL 33920 City Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSDT** ☐ Delete TITLE ☐ Change ☐ Addition TITLE ABOUJAOUDE, ROCK NAME NAME 23970 PLAM BEACH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALVA, FL 33920 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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