


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # V10418	
1. Entity Name ROCKWELL DEVELOPMENT COMPANY	

Principal Place of Business 1120 S. FEDERAL HIGHWAY SUITE 200 DELRAY BCH, FL 33483 US	Mailing Address 1120 S. FEDERAL HIGHWAY SUITE 200 DELRAY BCH, FL 33483 US
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02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0309166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZENGAGE JAMES A 1120 S. FEDERAL HIGHWAY SUITE 200 DELRAY BCH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	ZENGAGE, JIM
STREET ADDRESS	1120 S. FEDERAL HIGHWAY, # 200
CTY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	HUTCHISON, GRAHAM
STREET ADDRESS	1120 S. FEDERAL HIGHWAY, SUITE 200
CTY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CTY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CTY-ST-ZIP	

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02/16/07-80014-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  **Jim Zengage** 2/05/07 (561) 278-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If