


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 251545 1. Entity Name ROC-BOR INC	
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Principal Place of Business 1596 LANCASTER TERR UNIT 12 A JACKSONVILLE, FL 32204 US	Mailing Address 1596 LANCASTER TERR UNIT 12 A JACKSONVILLE, FL 32204 US
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0941074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOWLER, L.B.
1596 LANCASTER TERRACE
UNIT 12 A
JACKSONVILLE, FL 32210**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000587973 01/17/07-80053-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, RW 993 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOWLER, L B 1596 LANCASTER TERRACE UNIT 12 A JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOWLER, CORALINE T 993 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: LB Fowler LB Fowler 1/1/07 904 355-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #