


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90033 012 ***150.00

DOCUMENT # 292922 1. Entity Name ROCKLEDGE GARDENS, INC.	
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Principal Place of Business 2153 SOUTH UNITED STATE HIGHWAY NO 1 ROCKLEDGE, FL 32955	Mailing Address 2153 SOUTH UNITED STATE HIGHWAY NO 1 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1096580	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

RILEY, KEVIN L
1393 MARTIN RD
ROCKLEDGE, FL 32955

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITLE, MARY B 17 FERNWOOD DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RILEY, KEVIN 1393 MARTIN RD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RILEY, THERESA W 1393 MARTIN RD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Riley **1/28/04** **321-636-7662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #