2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2008 8:00 am Secretary of State **DOCUMENT #324077** 1. Entity Name 02-15-2008 90010 036 ***150.00 K-ROCKER, INC. Principal Place of Business Mailing Address 10405 CAMP MACK ROAD 10405 CAMP MACK ROAD LAKE WALES, FL 33898 LAKE WALES, FL 33898 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-1206618 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEEN, LOREN Street Address (P.O. Box Number is Not Acceptable) 10405 CAMP MACK ROAD LAKE WALES, FL 33898 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE KEEN, WILLIAM M NAME NAME 2531 MASTERPIECE GARDENS STREET ADDRESS STREET ADDRESS LAKE WALES, FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE KEEN, DOREEN H NAME NAME 2531 MASTERPIECE GARDENS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP LAKE WALES, FL Delete ☐ Change ☐ Addition SD TITI F TITLE KEEN, BONNIE J NAME NAME 1019 OLD CUTLER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP LAKE WALES, FL 33898 TITLE Delete TITLE ☐ Change ■ Addition KEEN, LOREN NAME NAME STREET ADDRESS 10405 CAMP MACK ROAD STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME

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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: _	Lam Illen	2-8-08	Ä
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phor	ye #