


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 337100 1. Entity Name ROCK LAKE, INC.	
--	---

Principal Place of Business 132 SWIMTON AVE DELRAY BEACH, FL 33444	Mailing Address 132 SWIMTON AVE DELRAY BEACH, FL 33444
--	--



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1488779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent UTRECHT, STEVEN T 2295 CORPORATE BLVD STE 211 BOCA RATON, FL 33431

**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 re-registering) DATE _____

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNBROUGH, ALBERT A. 499 ROYAL PALM WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS THORNBROUGH, A. GRANT 131 NE WAVE CREST COURT BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT THORNBROUGH, WAYNE D 60 EAST END AVENUE NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIGER, SUSAN T 9220 SW 76TH TERR MIAMI, FL 331433503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000117584
04/19/04-80025-018 150.00

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: ✓ A. G. M. **4-13-04** **561 276-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #