

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642938

FILED
Feb 26, 2007
Secretary of State

Entity Name: FLORIDA ROCK PROPERTIES, INC.

Current Principal Place of Business:

1801 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1801 ART MUSEUM DRIVE
SUITE 300
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2478244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN LANDINGHAM, RAY M
1801 ART MUSEUM DRIVE
SUITE 300
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ANDERSON, JOHN E
Address: 1801 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: DEVILLIERS, DAVID H, JR.
Address: 34 LOVETON CIRCLE 100
City-St-Zip: SPARKS, MD 21152

Title: DVS () Delete
Name: VAN LANDINGHAM, RAY M
Address: 1801 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCFO () Delete
Name: RAYBURN, G. THOMAS
Address: 34 LOVETON CIRCLE, SUITE 100
City-St-Zip: SPARKS, MD 21152

Title: C () Delete
Name: JONES, TERRY
Address: 34 LOVETON CIRCLE STE 100
City-St-Zip: SPARKS, MD 21152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY M. VAN LANDINGHAM

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02/26/2007

Electronic Signature of Signing Officer or Director

_____ Date