2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003761

1. Entity Name
ROCKY MOUNTAIN FIBER PLUS, INC.

Principal Place of Business	Mailing Address
PO BOX 452 KIOWA, CO 80117	PO BOX 452 KIOWA, CO 80117

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0728857
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100008471715
03/29/06-80007-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, JESSE
STREET ADDRESS	7770 E. GREENLAND ROAD
CITY-ST-ZIP	FRANKTOWN, CO 80116
TITLE	V
NAME	KNEPP, DAVID L
STREET ADDRESS	20183 EDINBOROUGH PLACE
CITY-ST-ZIP	PARKER, CO 80138
TITLE	SDT
NAME	SERRES, DENISE A
STREET ADDRESS	33 FALCON HILLS
CITY-ST-ZIP	HIGHLANDS RANCH, CO 80126
TITLE	C
NAME	CABBAL, GENE
STREET ADDRESS	33 FALCON HILLS
CITY-ST-ZIP	HIGHLANDS RANCH, CO 80126
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: _____ 3-11-06 303-621-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #