

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 PO BOX 452 KIOWA, CO 80117	Mailing Address PO BOX 452 KIOWA, CO 80117
--	--

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

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

**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.

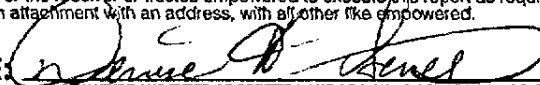
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE _____

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	100000471715 03/29/06-00007-023 150.00
---	---	---------------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, JESSE 7770 E. GREENLAND ROAD FRANKTOWN, CO 80116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNEPP, DAVID L 20183 EDINBOROUGH PLACE PARKER, CO 80138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SERRES, DENISE A 33 FALCON HILLS HIGHLANDS RANCH, CO 80126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CABBAL, GENE 33 FALCON HILLS 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: 	3-14-06	303-621-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #