2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 06, 2004 08:00 AM **DOCUMENT # F01000005281 Secretary of State** 1. Entity Name TOP ROCK PROPERTIES, INC. Principal Place of Business Mailing Address 1805 ROYAL LN 1805 ROYAL LN SUITE 103 SUITE 103 DALLAS, TX 75229 DALLAS, TX 75229 06302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2835258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAWLEY, TIM 1714 GOLF VIEW DRIVE KISSIMMEE, FL 34746 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 reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTOR 10. U00000163240 07/06/04-80005-014 550.00 TITLE ZACHARIAS, JAMES NAME 208 N. MAIN SUITE 100 STREET ADDRESS WEATHERFORD, TX 76086 CITY-ST-ZIP TITLE NOBLE, R. EDWARD NAME STREET ADDRESS 1805 ROYAL LANE SUITE 103 CITY-ST-ZIP DALLAS, TX 75229 TITLE PETERS, KIMBERLY D NAME STREET ADDRESS 1805 ROYAL LANE SUITE 103 DO NOT WRITE CITY-ST-ZIP DALLAS, TX 75229 TITLE IN THIS SPACE KIDD, ANDREW E NAME STREET ADDRESS 1805 ROYAL LANE SUITE 103 DALLAS, TX 75229 CITY-ST-ZIP TOTLE PETERS, KIMBERLY D NAME 1805 ROYAL LANE SUITE 103 STREET ADDRESS DALLAS, TX 75229 CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

ADDRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04

817-594-8183

FILED

Daytime Phone #