


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90286 012 \*\*\*150.00

<b>DOCUMENT # F70491</b> 1. Entity Name <b>ROCK BOTTOM, INC.</b>					
Principal Place of Business <b>3400 CORPORATE WAY SUITE G DULUTH, GA 30096 US</b>			Mailing Address <b>3400 CORPORATE WAY SUITE G DULUTH, GA 30096 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02282005 Chg-P CR2E034 (10/03)			4. FEI Number <b>59-2149757</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>ROCHMAN, FRANK 4004 N.W. 88 AVE. 1-B SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name <b>ROCHMAN, FRANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>7507 N.W. 70TH TERRACE</b> City <b>TAMARAC</b> FL Zip Code <b>33321</b>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHEIBLE, BEVERLY 4405 LAUREL GROVE TRACE SUWANEE, GA 30024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHEIBLE, JEFFREY J 4405 LAUREL GROVE TRACE SUWANEE, GA 30024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHMAN, FRANK 4004 N.W. 88 AVE. 1-B SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIO, RICHARD 3050 N CHANDELLE ROAD LOS ANGELES, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>BEVERLY SCHEIBLE Beverly Scheible</u> 3/4/05 770-814-8868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50023439**

