


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90065 003 \*\*\*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 - No P.O. Box # <b>4405 LAUREL GROVE TRCE</b>		3. Mailing Address <b>P.O. BOX 2527</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SUWANEE, GA</b>		City & State <b>SUWANEE, GA</b>		4. FEI Number <b>59-2149757</b>	
Zip <b>30024</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>30024</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>ROCHMAN, FRANK 7507 NW 70TH TERRACE TAMARAC, FL 33321</b>	
7. Name and Address of New Registered Agent Name <b>JOYCE C GALLOWICH</b>		Street Address (P.O. Box Number is Not Acceptable) <b>1715 N.W. 78TH WAY</b>			
City <b>PEMBROKE PINES</b>		State <b>FL</b>		Zip Code <b>33024</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: <u>JOYCE C GALLOWICH</u> <b>DIRECTOR</b> <span style="float: right;">4-17-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHEIBLE, BEVERLY <input type="checkbox"/> Delete <b>4405 LAUREL GROVE TRACE SUWANEE, GA 30024</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHEIBLE, JEFFREY J <input type="checkbox"/> Delete <b>4405 LAUREL GROVE TRACE SUWANEE, GA 30024</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHMAN, FRANK <input checked="" type="checkbox"/> Delete <b>7507 NW 70TH TERRACE TAMARAC, FL 33321</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIO, RICHARD <input type="checkbox"/> Delete <b>3050 N CHANDELLE ROAD LOS ANGELES, CA 90046</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D JOYCE C. GALLOWICH 1715 N.W. 78TH WAY PEMBROKE PINES, FL 33024</b>				
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 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.					
<b>SIGNATURE: <u>BEVERLY SCHEIBLE</u> BEVERLY SCHEIBLE 4-17-08 678-765-7371</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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