


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90016 022 ***150.00

DOCUMENT # G44981 1. Entity Name BROCK DEVELOPMENT CORP.			
Principal Place of Business 1551 FORUM PLACE, SUITE 100 W. PALM BEACH, FL 33401		Mailing Address 1551 FORUM PLACE, SUITE 100 W. PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL Zip 33418		3. Mailing Address 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL Zip 33419	
4. FEI Number 65-0053256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, ANDREW 1551 FORUM PLACE, #100 W. PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Brock, Andrew Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd. Suite 200 City Palm Beach Gardens FL Zip Code 33418	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P BROCK, ANDREW 1551 FORUM PLACE, #100 W PALM BCH, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BROCK, PETER 1551 FORUM PLACE, #100 W PALM BCH, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	