2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37489

Entity Name: RHOCK SPECIALTIES, INC

FILED Mar 14, 2008 Secretary of State

The state of Lepternee, inter-						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	SON DRIVE KES, FL 34639	9				
Current Mailing Address:			New Mailing Address:			
PO BOX 54 LAND O LA	9 .KES, FL 34639	9				
FEI Number: 59-2507706 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
22332 SOU	R, DEBRA K THSHORE DR KES, FL 34639					
The above in the State		ubmits this statement for the pur	pose of changing it	s registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E HIERLMEIER, RIG 22332 SOUTHSH LAND O'LAKES, I	IORE DR	Title: Name: Address: City-St-Zip:	D (X) HIERLMEIER, F 22332 SOUTHS LAND O'LAKES	HORE DR	
Title: Name: Address: City-St-Zip:	D () E HIERLMEIER, DE 22332 SOUTHSH LAND O'LAKES, I	IORE DR	Title: Name: Address: City-St-Zip:	D (X) HIERLMEIER, I 22332 SOUTHS LAND O'LAKES	HORE DR	
Title: Name: Address: City-St-Zip:	D () E HIERLMEIER, RH 22332 SOUTHSH LAND O' LAKES,	IORE DR	Title: Name: Address: City-St-Zip:	D (X) HIERLMEIER, F 22332 SOUTHS LAND O' LAKES	HORE DR	
Title: Name: Address: City-St-Zip:	D () E HIERLMEIER, BR 22332 SOUTHSH LAND O LAKES,	IORE DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E HIERLMEIER, TR 22332 SOUTHSH LAND O LAKES,	IORE DR	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA K. HIERLMEIER D 03/14/2008