

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37489

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** RHOCK SPECIALTIES, INC.

**Current Principal Place of Business:**

21434 CARSON DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 549  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 59-2507706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIERLMEIER, DEBRA K  
22332 SOUTHSORE DRIVE  
LAND O'LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HIERLMEIER, RICHARD  
Address: 22332 SOUTHSORE DR  
City-St-Zip: LAND O'LAKES, FL 34639

Title: D  
Name: HIERLMEIER, DEBRA K.  
Address: 22332 SOUTHSORE DR  
City-St-Zip: LAND O'LAKES, FL 34639

Title: D  
Name: HIERLMEIER, RHETT S.  
Address: 22332 SOUTHSORE DR  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D  
Name: HIERLMEIER, BROCK  
Address: 22332 SOUTHSORE DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: D  
Name: HIERLMEIER, TROY  
Address: 22332 SOUTHSORE DR  
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: DEBRA K HIERLMEIER

D

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date