2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT										CH #1.		
DOCUI 1. Entity Name ROCKLEI					ASION O			v.				
Principal Place	of Business		Mailing Add	Mailing Address								
3525 MURRE		•	3525 MURRELL ROAD									
SUITE 3			SUITE 3	SUITE 3								,
ROCKLEDGE,	FL 32955	ROCKLEDG	ROCKLEDGE, FL 32955 US					ı Bille il Dirik Silati ilem bir	PERIODICE BIN		NEEL IN CEEL	
2 Principal P	n Address											
2. Principal Place of Business			3. Maining Ac	3. Mailing Address				9/111111111111	I BUIND INDI MINNI DAN BUIN DA	L)	J BISKII BISKII BIIB	ILLUI IK IERI
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.				03222004	Chg-P	CR2E0	34 (10/03)	
City & State			City & Star	City & State				4. FEI Numbe			→	plied For
Zin Country			- Zio	Zip Countr			\$9.75 Addition			ot Applicable		
دب	Zip Country		2· P	Zip Coun		u y		5. Certificate	of Status Desired S8.75 Additional Fee Required			
	6. Name	t Registered Age	gistered Agent				7. Name and Address of New Registered Agent					
· _ ÷			4	-		Name						
DĀVIDSON, CHARLES A 3525 MURRELL ROAD SUITE 3						Street Ad	idress (i	P.O. Box Numbe	er is Not Acceptab	le)		
ROCKLEDGE, FL 32955												_
						City				FL	Zip Cod	е
St The above	named entit	y submits this statement	d office or	rogistor	ed agent or bot	h in the State of F		amiliar with	and accont			
the obligati			or the purpose of	Changing its i	ogisio.	or office of	regiotei	od agom, or oor		onda. Tami	arrinar war,	and accopt
E												Ì
SIGNATURE_	Signature, typed	or printed name of registered ages	nt and title if applicable.	(NOTE:	Registered	d Agent signatur	re required	when reinstating)		DATE		
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution.												,
Trust rung Contribution.							* * * * * * * * * * * * * * * * * * * *					
10.		OFFICERS AND	D DIRECTORS		11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	P Delete TII						D/P				Change	Addition
NAME CIRCLI ADDRESS	DAVIDSON, CHARLES A											
STREET ADDRESS CITY-ST-ZIP	SS 3525 MURRELL ROAD, STE. 3 ROCKLEDGE, FL					ET ADORESS - ST - ZIP						
TITLE	D Delete TITL						D/S/	/т			Change	Addition
NAME	DAVIDSO	N, CAROLYN	_	NAM			<i>D</i> , <i>O</i> ,	_			F	
STREET ADDRESS								•				
CITY-ST-ZIP	ROCKLE	CITY	-ST-ZIP				<u> </u>					
TITLE	D Delete IIIILI NINOS, ANTHONY								90032	642	Charge	Addition
NAME STREET ADDRESS								04/13	3/040110	3002	**51.	25
CITY STEZIP	i de la companya de											
TITLE	<u>-</u>		Г		TITLE						☐ Change	Addition
NAME	i		_		NAM	:						_
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	•				1	-ST-ZIP						
TITLE			E.	☐ Delete	TITLE	1			•		☐ Change	☐ Addition
NAME STREET ADDRESS						ET ADORESS						
CITY-ST-ZIP	~					-ST-ZIP						
TITLE				Delete	TITLE						☐ Change	Addition
NAME					NAM	E						
STREET ADDRESS						ET ADDRESS				. *		
CITY-ST-ZIP		•				-ST-ZIP		,,		- '		
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: Challe A. Derichen Prendet 3/26/64 321-6383505 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR CA4225 A. DASIOSON PRESSONEUT Date Despine Prone F												Person .
		<u> </u>	. UTVIUSO		1118	<u>, 1 , </u>						