



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L40084 1. Entity Name THE ROCK CORPORATION OF PANAMA CITY BEACH, INC.		
Principal Place of Business 9322 FRONT BEACH RD PANAMA CITY BCH, FL 32407 US		Mailing Address 9322 FRONT BEACH ROAD 434 MAGNOLIA AVE. PANAMA CITY, FL 32401-3127 US
DO NOT WRITE IN THIS SPACE		
		 01122005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2984932 Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ISLER, CHARLES S., III 434 MAGNOLIA AVE. PANAMA CITY, FL 32402		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000305727 04/14/05-80098-001 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCK, BOBBIE 9322 FRONT BEACH RD. PANAMA CITY BCH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCK, DAVID A. 9322 FRONT BEACH RD. PANAMA CITY BCH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - 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: <u>David A. Rock</u> David A. Rock 4/13/05 276-3768 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		