


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L77371</b> 1. Entity Name ROCKY POINT FOOD SERVICES, INC.	
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Principal Place of Business 2202 N WESTSHORE BLVD. TAMPA, FL 33607-5747	Mailing Address 2202 N WESTSHORE BLVD. TAMPA, FL 33607-5747
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3022845	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KAGAN, EDWIN B. 2709 ROCKY POINT DRIVE S-102 TAMPA, FL 33607	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECAN, ROBERT C. 8460 FLAGSTONE DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITO, THOMAS 7305 BRIDGEVIEW CR. TAMPA, FL
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04/10/07-80045-020 150.00

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: Robert Becan **Robert Becan** 3-30-07 813-514 1063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #