

FILED  
Jun 12, 2006 8:00 am  
Secretary of State

Jun 01 2006 2:44PM THE SHIELD FOUNDATION

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05-01-2006 90082 022 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

5/1/2006

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                             |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>DOCUMENT # M05000004513</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                            |                                       |
| <b>A. Entity Name</b><br>SOLID ROCK FINANCIAL GROUP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                             |                                       |
| <b>Principal Place of Business</b><br>2401 HWY 70 SW<br>HICKORY, NC 28602                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | <b>Mailing Address</b><br>2401 HWY 70 SW<br>HICKORY, NC 28602                                                                                                                                                               |                                       |
| <b>B. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | <b>C. Mailing Address</b>                                                                                                                                                                                                   |                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | Suite, Apt. #, etc.                                                                                                                                                                                                         |                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | City & State                                                                                                                                                                                                                |                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | Country                                                                                                                                                                                                                     |                                       |
| D. Name and Address of Current Registered Agent<br>JARRETT, ALAN W<br>4009 CONCORD WAY<br>PLANT CITY, FL 33566                                                                                                                                                                                                                                                                                                                                                                                          |                                       | E. Name and Address of New Registered Agent<br>Name: <u>Michael D. Graves</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>6607 N. Five Acres Road</u><br>City: <u>Plant City</u> FL Zip Code: <u>33565</u> |                                       |
| F. The above named entity submits this statement for the purpose of creating 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: <u>Michael D. Graves</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | DATE: <u>5/31/06</u>                                                                                                                                                                                                        |                                       |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | Check check payable to<br>Florida Department of State                                                                                                                                                                       |                                       |
| <b>G. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | <b>H. ADDITIONAL CHARGES</b>                                                                                                                                                                                                |                                       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| I. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. |                                       |                                                                                                                                                                                                                             |                                       |
| SIGNATURE: <u>Alan W. Jarrett</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | DATE: <u>5/23/06</u> <u>838-267-0512</u>                                                                                                                                                                                    |                                       |

ATTACHMENT

30010123

JUN 01 2006 2:44PM

THE SHIELD FOUNDATION

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P. 2



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

SOLID ROCK FINANCIAL GROUP, LLC  
2401 HWY 70 SW  
HICKORY, NC 28602

Subject: SOLID ROCK FINANCIAL GROUP, LLC

Reference Number: M05000004513

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/s/

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314