

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # M92890

1. Entity Name
ROCKLEDGE FOUNDATION INVESTMENT CORP.



Principal Place of Business
976 BREVARD AVE
STE A
ROCKLEDGE, FL 32955 US

Mailing Address
976 BREVARD AVE
STE A
ROCKLEDGE, FL 32955 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2901957
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DEWEY L.
976 BREVARD AVE
STE A
ROCKLEDGE, FL 32955

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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, BARBARA SCHAANERST 15 VADUZ, NI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORBORT, SPIRIG RHEINSTER 36 9443 WIDNAU, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS DEWEY L. 976 BREVARD AVE, STE A ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000172881
01/06/05-80014-024 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dewey L. Harris* Dewey L. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-05 321-433-1191
Date Daytime Phone #