2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N02000009378

Entity Name: CROSS ROCK, INC.

Current Principal Place of Business:

1171 LANE AVE S APT 1010
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1171 LANE AVE S APT 1010
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG,
1171 LANE AVE S APT 1010
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

ARMSTRONG, LEWIS
1171 LANE AVE S APT 1010
JACKSONVILLE, FL 32205

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.

SIGNATURE: LEWIS ARMSTRONG 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARMSTRONG, LEWIS
Address: 1171 LANE AVE S APT 1010
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: ARMSTRONG, EDDIE
Address: 1171 LANE AVE S APT 1010
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD ( ) Delete
Name: YOUNG, CORINTHIA
Address: 1171 LANE AVE S APT 1010
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: ARMSTRONG, CAROLE
Address: 1171 LANE AVE S APT 1010
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS ARMSTRONG DP 04/28/2004
Electronic Signature of Signing Officer or Director Date