

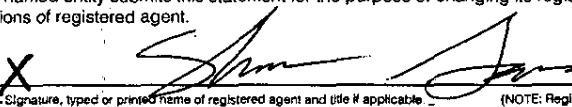
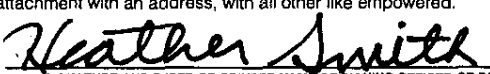


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 031 ****61.25

DOCUMENT # N03000009390					
1. Entity Name ROCK 2, INC.					
Principal Place of Business 255 EAST HIGH STREET OVIEDO, FL 32765			Mailing Address 255 EAST HIGH STREET OVIEDO, FL 32765		
2. Principal Place of Business 9403 CROCUS CT. Suite, Apt. #, etc.		3. Mailing Address PO BOX 780595 Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State ORLANDO, FL		4. FEI Number 04-3775316	
Zip 33912		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32878		Country ORANGE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEAMER, JOHN W 255 EAST HIGH STREET OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name: SHAUN LARA Street Address (P.O. Box Number is Not Acceptable): 9403 CROCUS CT. City: FORT MYERS, FL Zip Code: 33912	
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: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME SMITH, HEATHER	<input checked="" type="checkbox"/> Delete	TITLE C/P	NAME SHAUN LARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12401 GOLDEN KNIGHT CIRCLE #106	CITY-ST-ZIP ORLANDO, FL 32817		STREET ADDRESS 9403 CROCUS CT.	CITY-ST-ZIP FORT MYERS, FL 33912	
TITLE D	NAME MENA, BEN	<input type="checkbox"/> Delete	TITLE D	NAME ROBERT WHIPPLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 165 WINDSAIL PLACE APT 1-209A	CITY-ST-ZIP OVIEDO, FL 32765		STREET ADDRESS 12150 RENAISSANCE CT. #204	CITY-ST-ZIP ORLANDO, FL 32826	
TITLE D	NAME FACELLA, STEPHEN V	<input checked="" type="checkbox"/> Delete	TITLE D	NAME CHAMLESS, DONNIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12359 RELATIVITY WAY APT 301	CITY-ST-ZIP ORLANDO, FL 32826		STREET ADDRESS 2723 RAINBOW SPRINGS LANE	CITY-ST-ZIP ORLANDO, FL 32828	
TITLE D	NAME DEXTER, THOMAS A	<input type="checkbox"/> Delete	TITLE D	NAME BEAMER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12112 FOUNTAINBROOK BLVD #334	CITY-ST-ZIP ORLANDO, FL 32825		STREET ADDRESS 225 E HIGH STREET	CITY-ST-ZIP OVIEDO, FL 32675	
TITLE D	NAME CHAMLESS, DONNIE	<input type="checkbox"/> Delete	TITLE D	NAME BEAMER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2723 RAINBOW SPRINGS LANE	CITY-ST-ZIP ORLANDO, FL 32828		STREET ADDRESS 225 E HIGH STREET	CITY-ST-ZIP OVIEDO, FL 32675	
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 617, 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: 			3/29/04		321-695-1712
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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