

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 042 ****70.00

DOCUMENT # N04000010213					
1. Entity Name ROCKAIDS, INC.					
Principal Place of Business 1001 86TH AVE N ST. PETERSBURG, FL 33702			Mailing Address 1001 86TH AVE N ST. PETERSBURG, FL 33702		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROBINSON, JANET M 1001 86TH AVE N ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
DATE			DATE		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ROBINSON, JANET M STREET ADDRESS 1001 86TH AVE N CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP1 NAME MCATASNEY, SCOTT STREET ADDRESS 4700 5TH AVE N CITY-ST-ZIP ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE V/T/D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP2 NAME BRUNSON, ED STREET ADDRESS 7400 21ST ST N CITY-ST-ZIP ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE V/S/D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE M/D NAME Mark O'Donnell STREET ADDRESS 6486 150th Ave No CITY-ST-ZIP Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE C/D NAME Mark Mann STREET ADDRESS 4120 19th Ave N CITY-ST-ZIP St. Petersburg, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Janet Robinson			2-23-05		
Signature and typed or printed name of signing officer or director			Date		
727-420-6269			Daytime Phone #		