

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003558

FILED
Apr 16, 2009
Secretary of State

Entity Name: ROCKY'S ROOST INC.

Current Principal Place of Business:

951E SOUTH LAKEWOOD TERRACE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

951E SOUTH LAKEWOOD TERRACE
PORT ORANGE, FL 32127

New Mailing Address:

PO BOX 11673
DAYTONA BEACH, FL 32120

FEI Number: 20-2658793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELICAN, TONY
1456 RICHMOND AVE.
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIRACUSA, RAY SR.
Address: 951E SOUTH LAKEWOOD TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: SIRACUSA, SHERRI LYNN
Address: 951E SOUTH LAKEWOOD TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: SIRACUSA, CARI ANN
Address: 951E SOUTH LAKEWOOD TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: SIRACUSA, RAYMOND WM. JR.
Address: 951E SOUTH LAKEWOOD TERRACE
City-St-Zip: PORT ORANGE, FL 32127

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 exemption stated in Chapter 119, 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: RAY SIRACUSA

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date