

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012519

FILED
Mar 20, 2009
Secretary of State

Entity Name: LUCKY ROCK, INC.

Current Principal Place of Business:

9429 BARNSTEAD LANE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9429 BARNSTEAD LANE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 20-8009034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JASON P
9429 BARNSTEAD LANE
PORT RICHEY, FL 34668 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: D, P () Delete
Name: ANDERSON, JASON P
Address: 9429 BARNSTEAD LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: ANDERSON, TARA A
Address: 9429 BARNSTEAD LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: DARLEY, MICHAEL S
Address: 11710 NATURE TRAIL
City-St-Zip: PORT RICHEY, FL 34668

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:

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: JASON ANDERSON

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date