

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 016 ****61.25

DOCUMENT # N20550

1. Entity Name

ROCK-OUT AUBURNDALE, INCORPORATED



Principal Place of Business

115 PATTERSON DRIVE
AUBURNDALE FL 33823

Mailing Address

115 PATTERSON DRIVE
AUBURNDALE FL 33823

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2927835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABALDON, ADRIAN
210 S. BARTOW AVENUE
AUBURNDALE FL 33823

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$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 PD Delete
NAME JAMES, ANN
STREET ADDRESS 115 PATTERSON DR.
CITY-STATE-ZIP AUBURNDALE FL 33823

TITLE Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D Delete
NAME UETRECHT, JIM
STREET ADDRESS 1070 MOTORCOACH DR
CITY-STATE-ZIP POLK CITY FL 33868-9179

TITLE Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SVP Delete
NAME BULLOCK, JANICE
STREET ADDRESS 123-4TH ST JPV
CITY-STATE-ZIP AUBURNDALE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TRS Delete
NAME ~~LAMB, MARY~~
STREET ADDRESS ~~2040 SAN MARCOS DR #105~~
CITY-STATE-ZIP ~~AUBURNDALE FL~~

TITLE Change Addition
NAME Secretary
STREET ADDRESS Sandy Woodard
CITY-STATE-ZIP 201 Lake Howard Dr, NW
Winter Haven, FL 33880

TITLE TD Delete
NAME MULFORD, GERI
STREET ADDRESS RT . 1 BOX 308
CITY-STATE-ZIP AUBURNDALE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T Delete
NAME BORKOWSKI, DOLORES
STREET ADDRESS 102 JOSEPH CIRCLE
CITY-STATE-ZIP AUBURNDALE FL 33823

TITLE Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ann W. James* Ann W. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2007
Date

863-967-5829
Daytime Phone #