


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90012 050 \*\*\*\*70.00

<b>DOCUMENT # N95000002144</b>	
1. Entity Name <b>SERENDIPITY ROC, INC.</b>	

Principal Place of Business <b>MOBILE HOME PARK 29081 U.S. HWY. 19 NORTH, STE. 400 CLEARWATER, FL 33761 US</b>	Mailing Address <b>MOBILE HOME PARK 29081 U.S. HWY. 19 NORTH, STE. 400 CLEARWATER, FL 33761 US</b>
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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

40040000



01172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CARSON, KENNETH</b> <b>29081 U.S. HWY. 19 NORTH, LOT #249</b> <b>CLEARWATER, FL 33761</b>		Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 *Kit Carson* **KIT CARSON TREASURER** DATE **3/12/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TAYLOR, LINDA</b> <b>29081 U.S. HWY. 19 NORTH, LOT #118</b> <b>CLEARWATER, FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Terrance Hogan</b> <b>29081 U.S. Hwy 19 N. Lot 229</b> <b>Clearwater, FL 33761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, NEIL</b> <b>29081 US HWY 19N LOT 308</b> <b>CLEARWATER, FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Kenneth Carson</b> <b>29081 U.S. Hwy 19 North Lot 249</b> <b>Clearwater, FL 33761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>CARSON, KENNETH</b> <b>29081 U.S. HWY. 19 NORTH, LOT #249</b> <b>CLEARWATER, FL 33761</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Keith Hathrop</b> <b>29081 U.S. Hwy 19 North Lot 220</b> <b>Clearwater, FL 33761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOGAN, TERRANCE</b> <b>29081 US HWY 19N LOT 229</b> <b>CLEARWATER, FL 33761</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVE HALL</b> <b>29081 U.S. Hwy 19 North Lot 217</b> <b>Clearwater, FL 33761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLINEFELTER, ROBERT</b> <b>29081 US HWY. 19 N, LOT 63</b> <b>CLEARWATER, FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Diana Schultz</b> <b>29081 U.S. Hwy 19 North Lot 240</b> <b>Clearwater, FL 33761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRIPP, KENNETH</b> <b>29081 US HWY 19N LOT 392</b> <b>CLEARWATER, FL 33761</b> <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 exemptions contained 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 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: *Terrance M. Hogan* **TERRANCE M. HOGAN, Pres.** DATE **3/6/08** DAYTIME PHONE # **727-784-2675**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR