

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 043 \*\*\*\*70.00

**DOCUMENT # N99000004027**



1. Entity Name  
DELRAY ROCKS, INC.

Principal Place of Business  
1101 NW 2ND ST.  
DELRAY BEACH, FL 33444 US

Mailing Address  
1101 NW 2ND ST.  
DELRAY BEACH, FL 33444 US

40144000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0932854

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

JACKSON, JEROME  
1101 NW 2ND STREET  
DELRAY BEACH, FL 33444

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 reinstating)

DATE

**Filing 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

TITLE P ☐ Delete  
NAME JACKSON, JEROME  
STREET ADDRESS 238 SW 13TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE TD ☐ Delete  
NAME SPRENKEL, KATHLEEN  
STREET ADDRESS 1101 NW 2ND ST  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE V ☐ Delete  
NAME GIDDINGS, NORMAN  
STREET ADDRESS 1101 NW 2ND ST  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☐ Delete  
NAME COLLINS, NEAL  
STREET ADDRESS 1101 NW 2ND ST  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **NORMAN GIDDINGS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **BERNARD QUINCE**  
STREET ADDRESS **1101 NW 2ND ST**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Kathleen J. Sprenkel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN J.  
SPRENKEL

4/10/07

561-414-8453  
Date Daytime Phone #