

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004027

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: DELRAY ROCKS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

5197 PALM RIDGE BLVD  
DELRAY BEACH, FL 33484 US

## Current Mailing Address:

C/O SPRENKEL  
5197 PALM RIDGE BLVD  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

5197 PALM RIDGE BLVD  
DELRAY BEACH, FL 33484 US

FEI Number: 65-0932854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

NORMAN, GIDDINGS  
816 NW 6TH AVE.  
BOYNTON BEACH, FL 33426 US

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: NORMAN GIDDINGS

03/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JACKSON, JEROME  
Address: 238 SW 13TH AVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: TD ( ) Delete  
Name: SPRENKEL, KATHLEEN  
Address: 1101 NW 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V ( ) Delete  
Name: GIDDINGS, NORMAN  
Address: 1101 NW 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: COLLINS, NEAL  
Address: 1101 NW 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: QUINCE, BERNARD  
Address: 1101 N.W. 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SPRENKEL, KATHLEEN  
Address: 5197 PALM RIDGE BLVD  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V (X) Change ( ) Addition  
Name: GIDDINGS, NORMAN  
Address: 816 NW 6TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

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: NORMAN GIDDINGS

V

03/30/2009

Electronic Signature of Signing Officer or Director

Date