

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90159 032 ***158.75

DOCUMENT # P00619

1. Entity Name
ROCKCOUSTIC SYSTEMS INCORPORATED



Principal Place of Business Mailing Address
~~XXXXXX DRIVE~~ 3008 Dawn Drive P.O. BOX 964
GEORGETOWN, TX 78628 US #205 GEORGETOWN, TX 78627 US

20055069



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2251535

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CONQUEST, WILLIAM M
7251 N.E. 92ND COURT
BRONSON, FL 32621

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME CONQUEST, WILLIAM M.
STREET ADDRESS ~~318 KNOX AVE~~ 7251 N E 92nd Court
CITY-ST-ZIP ~~GEORGETOWN, TX~~ Bronson, Fl 32621

TITLE VD
NAME CONQUEST, THOMAS R.
STREET ADDRESS ~~318 KNOX AVE~~ 9250 N E 118 Terrace
CITY-ST-ZIP ~~GEORGETOWN, TX~~ Bronson, Fl 32621

TITLE S
NAME TREVATHAN, CAROL
STREET ADDRESS ~~318 KNOX AVE~~ 3008 Dawn Drive #205
CITY-ST-ZIP GEORGETOWN, TX 78628

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Conquest, Vice President 4/26/05 800 762 3317

Date

Daytime Phone #