## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State 04-05-2004 90078 010 \*\*\*150.00 DOCUMENT # P01000021319 1. Entity Name ROCKS & RUGS, INC. 66413756 Principal Place of Business Mailing Address 1711 SAN MARCO ROAD 1711 SAN MARCO ROAD MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 03202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1082037 Not Applicable \$8.75 Additional Certificate of Status Desired. --- 6. Name and Address of Current Registered Agent PASCALE, BILL DO NOT WRITE 1711 SAN MARCO RD MARCO ISLAND, FL 34145 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE PASCALE, WILLIAM NAME 1711 SAN MARCO ROAD STREET ADDRESS MARCO ISLAND, FL 34145 CTTY-ST-ZIP TITLE NAME PASCALE, CHRISTOPHER STREET ADDRESS 1711 SAN MARCO ROAD MARCO ISLAND, FL 34145 City. ST. 7P VD-i TIFLE ..... PASCALE, GREGORY STREET ADDRESS 1711 SAN MARCO ROAD DO NOT WRITE CHY-ST-ZIP-MARCO ISLAND, FL-34145 MILE. IN THIS SPACE NAME PASCALE, MICHAEL STREET ADDRESS 1711 SAN MARCO ROAD CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

15/04

239-825-1077

**FILED**