

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90081 037 ***150.00

DOCUMENT # P01000024210					
1. Entity Name TALLROCK, INC.					
Principal Place of Business 4354 HWY 90 PACE, FL 32571			Mailing Address 4354 HWY 90 PACE, FL 32571		
2. Principal Place of Business 4529 Chumuckla Hwy Suite, Apt. #, etc. Suite B. City & State Pace FL 32571 Zip 32571 Country Santa Rosa		3. Mailing Address 4529 Chumuckla Hwy Suite, Apt. #, etc. Suite B. City & State Pace FL Zip 32571 Country Santa Rosa			
03162005 Chg-P CR2E034 (10/03)		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WILSON, JERRY R 4354 HWY 90 PACE, FL 32571			7. Name and Address of New Registered Agent Name <u>Wilson, Jerry R.</u> Street Address (P.O. Box Number is Not Acceptable) 4529 Chumuckla Hwy, Suite B. City <u>Pace</u> <u>FL</u> Zip Code <u>32571</u>		
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 <u>Jerry R. Wilson</u> DATE <u>3/16/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, DWAYNE J 5663 CHAMPIONS DRIVE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davidson, Dewayne J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JERRY R 4354 HWY 90 PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilson, Jerry R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4529 Chumuckla Hwy, Suite B. Pace, FL 32571		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAUNECK, DOUG S 3960 OVERLOOK CIRCLE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brauneck, Doug A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, W S 5016 ROLAND RD PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilson, W.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3549 Smyer Dr. Pace FL 32571		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Jerry R. Wilson</u> Date <u>3/16/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					