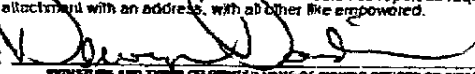


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000024210		
1. Entity Name TALLROCK, INC.		
Principal Place of Business 4529 CHAMUCKLA HWY SUITE B PACE, FL 32571		Mailing Address 4529 CHAMUCKLA HWY SUITE B PACE, FL 32571
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, JERRY R 4529 CHUMUCKLA HWY SUITE B PACE, FL 32571		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 re-registering)		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, DEWAYNE J 5663 CHAMPIONS DRIVE PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JERRY R 4529 CHUMUCKLA HWY, SUITE B PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAUNECK, DOUG A 3980 OVERLOOK CIRCLE PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, WS 3549 SMYER DR PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, with all other like empowered.		
SIGNATURE: 		2-17-06 850-475-6131
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

 100000443961
03/06/06 00033-003 150.00

**DO NOT WRITE
IN THIS SPACE**