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	Mailing Address
4529 CHAMUCKLA HWY SUITE B PACE, FL 32571	4529 CHAMUCKLA HWY SUITE B PACE, FL 32571

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

WILSON, JERRY R
4529 CHUMUCKLA HWY
SUITE B
PACE, FL 32571

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

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	P
NAME	DAVIDSON, DEWAYNE J
STREET ADDRESS	5663 CHAMPIONS DRIVE
CITY-ST-ZIP	PACE, FL 32571
TITLE	V
NAME	WILSON, JERRY R
STREET ADDRESS	4529 CHUMUCKLA HWY, SUITE B
CITY-ST-ZIP	PACE, FL 32571
TITLE	S
NAME	BRAUNECK, DOUG A
STREET ADDRESS	3960 OVERLOOK CIRCLE
CITY-ST-ZIP	PACE, FL 32571
TITLE	T
NAME	WILSON, W S
STREET ADDRESS	3549 SMYER DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-17-06 850-475-6131
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #