

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED

05 JUL 28 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-22-05 90077 034 \$70.00



07182005 Chg-P CR2E034 (10/03)

| | |
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| DOCUMENT # P01000027425 | |
| 1. Entity Name BEDROCK VIDEO SPORTS CARDS & MORE, INC. | |



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| Principal Place of Business 1663-1 RUSSELL RD MIDDLEBURG, FL 32068 | Mailing Address 2140 FLINTLOCK COURT GREENCOVE SPRINGS, FL 32043 |
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| 2. Principal Place of Business 1663-1 Russell Rd Suite, Apt. #, etc. | 3. Mailing Address 2140 Flintlock Ct. Suite, Apt. #, etc. |
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|--------------------------------|---------------------------------------|
| City & State Middleburg, FL | City & State Greencove Springs, FL |
| Zip 32068 | Zip 32043 |
| Country Clay | Country Clay |

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|-----------------------------|--|
| 4. FEI Number 20-2979985 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHASTAIN, DANIEL L 2140 FLINTLOCK COURT GREEN COVE SPRINGS, FL 32043 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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 Daniel Lee Chastain President | DATE 7-27-05 |

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE VP | <input checked="" type="checkbox"/> Delete | TITLE NAME K. Ecke' | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BENNETT, KATHLEEN I | | STREET ADDRESS 100- A N. INDUSTRIAL LOOP | |
| STREET ADDRESS 100- A N. INDUSTRIAL LOOP | | CITY-ST-ZIP ORANGE PARK, FL 32073 | |
| CITY-ST-ZIP ORANGE PARK, FL 32073 | | | |
| TITLE P | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHASTAIN, DANIEL | | STREET ADDRESS | |
| STREET ADDRESS 2140 FLINTLOCK CT. | | CITY-ST-ZIP | |
| CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 | | | |
| TITLE VPST | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHASTAIN, NETTIE A | | STREET ADDRESS | |
| STREET ADDRESS 2140 FLINTLOCK CT. | | CITY-ST-ZIP | |
| CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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| 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: Daniel Lee Chastain President | DATE: 7/27/05 |