

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065403

FILED
May 01, 2008
Secretary of State

Entity Name: ROCKWELL CONSTRUCTION GROUP INC.

Current Principal Place of Business:

NONE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

PO BOX 776
GULF BREEZE, FL 32563

New Mailing Address:

PO BOX 6211
GULF BREEZE, FL 32563

FEI Number: 59-3726784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICSSON, JOHN D
20 DANIEL DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERICSSON, JOHN D
Address: P.O.BOX 776
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: ERICSSON, JUSTIN
Address: P.O.BOX 776
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ERICSSON

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date