


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000087690 |  |
| 1. Entity Name EAGLE ROCK PROPERTIES, INC. | |

| | |
|---|---|
| Principal Place of Business 745 ORIENTA AVENUE SUITE 1121 ALTAMONE SPRINGS, FL 32701 US | Mailing Address 745 ORIENTA AVENUE SUITE 1121 ALTAMONE SPRINGS, FL 32701 US |
|---|---|



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3743647 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent STOEHR, R. NORMAN 745 ORIENTA AVENUE SUITE 1121 ALTAMONE SPRINGS, FL 32701 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STOEHR, R. NORMAN 745 ORIENTA AVENUE SUITE 1121 ALTAMONE SPRINGS, FL 32701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BLACK, JAMES B 745 ORIENTA AVENUE SUITE 1121 ALTAMONE SPRINGS, FL 32701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000336644
04/27/05-80134-006 300.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/26/5**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #