
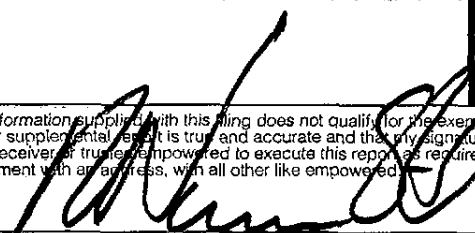


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000092173 1. Entity Name EAGLE ROCK CONSTRUCTION, INC.		
Principal Place of Business 745 ORIENTA AVENUE SUITE 1121 ALTAMONTE SPRINGS, FL 32701	Mailing Address 745 ORIENTA AVENUE SUITE 1121 ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLACK, JAMES B 745 ORIENTA AVENUE SUITE 1121 ALTAMONTE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOEHR, R. NORMAN JR 745 ORIENTA AVENUE SUITE 1121 ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, JAMES B 745 ORIENTA AVENUE SUITE 1121 ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/26/06 Daytime Phone # _____



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3750038

Applied For
Not Applicable

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

U00000336645
04/27/05-80134-006 300.00

**DO NOT WRITE
IN THIS SPACE**