## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000116786**

1. Entity Name ROCKING JL2 RANCH, INC.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business 185 OMEGA DRIVE MONTICELLO, FL 32344 Mailing Address

185 OMEGA DRIVE MONTICELLO, FL 32344



## DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0006586 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, J. LUIS 185 OMEGA DRIVE MONTICELLO, FL 33308

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	A
SIGNATURE.	Signature, typed or printed name of registered agent and title #	applicable. (NOTE: Régistered	Agent agnature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	U00000754362 05/22/07-80059-008 150.00	
10.	OFFICERS AND DIREC	TORS				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, J. LUIS 185 OMEGA DRIVE MONTICELLO, FL 32344			hu		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
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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 aggress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS