


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90292 011 \*\*\*150.00

<b>DOCUMENT # P02000029943</b> 1. Entity Name LIL' ROCK, INC.					
Principal Place of Business 41 33 AVE NE NAPLES, FL 34120			Mailing Address 41 33 AVE NE NAPLES, FL 34120		
2. Principal Place of Business <i>14829 Pinnacle Pl</i> Suite, Apt. #, etc.		3. Mailing Address <i>14829 Pinnacle Pl</i> Suite, Apt. #, etc.			
City & State <i>Naples, FL</i> Zip <i>34119</i>		City & State <i>Naples, FL</i> Zip <i>34119</i>		4. FEI Number 04-3627914 Applied For <input type="checkbox"/> Not Applicable	
Country <i>Collier</i>		Country <i>Collier</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BLEEM, EILEEN 41 33 AVE NE NAPLES, FL 34120				7. Name and Address of New Registered Agent Name <i>Eileen Craft</i> Street Address (P.O. Box Number is Not Acceptable) <i>14829 Pinnacle Pl</i> City <i>Naples</i> <b>FL</b> Zip Code <i>34119</i>	
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 <i>Eileen Craft</i> DATE <i>4/28/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLEEM, EILEEN 41 33 AVE NE NAPLES, FL 34120	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Eileen Craft</i> <i>14829 Pinnacle Pl</i> <i>Naples, FL 34119</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 <i>Eileen Craft President</i> DATE <i>4/28/05</i> DAYTIME PHONE # <i>239-253-0977</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					