


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000104576
 1. Entity Name
HESSROCK INVESTMENTS NO.2, INC.



Principal Place of Business Mailing Address
 5960-2 BEACH BLVD. 12931 TREE WAY LANE
 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32258 US

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
52-2380068 Not Applicable

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

6. Name and Address of Current Registered Agent
 COLEMAN, C. RANDOLPH
 9250 BAYMEADOWS ROAD
 230
 JACKSONVILLE, FL 32256

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

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	P
NAME	ROCKWELL, RUSSELL
STREET ADDRESS	12931 TREE WAY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VP
NAME	HESS, JOHN
STREET ADDRESS	2429 CAMDEN LAKE VIEW, NW
CITY-ST-ZIP	ACWORTH, GA 30101
TITLE	S
NAME	HESS, JOHN
STREET ADDRESS	2429 CAMDEN LAKE VIEW, NW
CITY-ST-ZIP	ACWORTH, GA 30101
TITLE	T
NAME	ROCKWELL, RUSSELL
STREET ADDRESS	12931 TREE WAY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **RUSSELL A. ROCKWELL** 4-6-05 (904) 396-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #