


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90086 010 ***150.00

DOCUMENT # P03000026661 1. Entity Name ROCKERMAN CONSULTING INC.																													
Principal Place of Business 17498 107TH TERR., NORTH JUPITER, FL 33478			Mailing Address 17498 107TH TERR., NORTH JUPITER, FL 33478																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
			01302004 Chg-P CR2E034 (10/03)		4. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 ROCKERMAN, CASEY 17498 107TH TERR., NORTH JUPITER, FL 33478				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/18/04 Daytime Phone #: 361-310-6974																									