

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000035261

1. Entity Name  
PRO-ROCK INVESTMENTS, INC.



FILED

2007 JAN -2 AM 11: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4121 N. CONCORD DRIVE  
CRYSTAL RIVER, FL 34429

Mailing Address  
PO BOX 39  
CRYSTAL RIVER, FL 34423



2. Principal Place of Business  
1321 SE US HWY 19

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12282006 REIN-P CR2E098 (11/05)

City & State  
CRYSTAL RIVER

City & State

4. FEI Number  
77-0595837

Applied For  
Not Applicable

Zip  
34429

Country  
US

Zip

Country

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

## 6. Name and Address of Current Registered Agent

INMAN, AUDERE  
4121 N. CONCORD DRIVE  
CRYSTAL RIVER, FL 34429

## 7. Name and Address of New Registered Agent

Name INMAN AUDERE  
Street Address (P.O. Box Number is Not Acceptable)  
1321 SE US HWY 19  
City CRYSTAL RIVER FL Zip Code 34429

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 *A Inman*

*A Inman*

12.28.06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME MOXLEY, BENJAMIN L III  
STREET ADDRESS 4121 N. CONCORD DRIVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429 ☐ Delete

TITLE S  
NAME INMAN, AUDERE C  
STREET ADDRESS 4121 N. CONCORD DRIVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300082912513  
01/02/07--01055--015 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
B 1/4/07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

*A Inman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.28.06

Date

Daytime Phone #