


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000081309 1. Entity Name ROCK FOREST CITY, INC.	
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Principal Place of Business 550 N BUMBYAVE, STE T90 ORLANDO, FL 32803	Mailing Address 550 N BUMBYAVE, STE 190 ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0792566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANN & HADLEY, P.A.
 1031 W MORSE BLVD, STE 350
 WINTER PARK, FL 32789

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, GREGG I 550 N BUMBYAVE, STE 190 ORLANDO, FL 32803
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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: *Gregg I Zuckerman* 3/3/05 (407)898-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #