


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90186 003 ***150.00

DOCUMENT # P04000011953 1. Entity Name TOP ROCK, INC.					
Principal Place of Business 1004 HAMMOCK RD. SEBRING, FL 33872			Mailing Address 1004 HAMMOCK RD. SEBRING, FL 33872		
2. Principal Place of Business 781 GOLFSIDE LN Suite, Apt. #, etc.		3. Mailing Address 781 GOLFSIDE LN Suite, Apt. #, etc.			
City & State SEBRING FLORIDA		City & State SEBRING FLORIDA		4. FEI Number 20-0646098	
Zip 33872		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONING, EWOUT 1004 HAMMOCK RD. SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 781 GOLFSIDE LANE City SEBRING FL Zip Code 33872		
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: <u><i>Ewout Koning</i></u> DATE: <u>04-17-06</u> <small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KONING, EWOUT 1004 HAMMOCK RD. SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	781 GOLFSIDE LN. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONING, JOUETTE 1004 HAMMOCK RD. SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	781 GOLFSIDE LN. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ewout Koning</i></u> DATE: <u>04-17-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

863-385-0226