## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000011953

Entity Name: TOP ROCK, INC

FILED Apr 08, 2009 Secretary of State

|   |  | , ii (O.                        |   |  |  |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                 | New Principal Place of Business:            |  |  |
| 781 GOLF<br>SEBRING,                          | SIDE LN<br>, FL 33872                            |                                 |   |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address:                        |  |  |
| 781 GOLF<br>SEBRING,                          | SIDE LN<br>, FL 33872                            |                                 |   |  |  |
| FEI Number: 20-0646098                        |  | FEI Number Applied For()        | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address of New Registered Agent:   |  |  |
|   | SIDE LN<br>, FL 33872                            | US                              |   |  |  |
|   | e named entity<br>e of Florida.                  | submits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE:  |                                 |   |  |  |
|   | Electro  | onic Signature of Registered Ag | ent   | Date   |  |
| Election Car                                  | mpaign Financi                                   | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>KONING, EW<br>781 GOLFSIE<br>SEBRING, FL | E LN                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S (<br>KONING, JOU<br>781 GOLFSIE<br>SEBRING, FL | E LN                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.J. KONING PRES 04/08/2009