## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000044434

Entity Name: RORY ROCK, INC

Title:

Name:

Address:

City-St-Zip:

( ) Delete

SHROYER, JORDAN

LONGWOOD, FL 32779

225 CABLE DR

FILED Aug 30, 2007 Secretary of State

•	
Current Principal Place of Business:	New Principal Place of Business:
659 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714	225 COBLE DRIVE LONGWOOD, FL 32779
Current Mailing Address:	New Mailing Address:
659 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714	PO BOX 915806 LONGWOOD, FL 32791
FEI Number: 56-2447704 FEI Number Applied For ( ) FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ISPASS, MARC 659 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 US	ISPASS, MARC 8544 LAKE BOSSE DR ORLANDO, FL 32810 US
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: MARC S. ISPASS	08/30/2007
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Election Campaign Financing Trust Fund Contribution ().	he prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: ISPASS, MARC Address: 659 OAK HOLLOW WAY City-St-Zip: ALTAMONTE SPRINGS, FL 32714	Title: D (X) Change ( ) Addition Name: ISPASS, MARC Address: 8544 LAKE BOSSE DR City-St-Zip: ORLANDO, FL 32810
Title:         D         ( ) Delete           Name:         SETZER, JOEL           Address:         8544 LAKE BOSSE DR           City-St-Zip:         ORLANDO, FL 32810	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARC S. ISPASS D 08/30/2007

() Change () Addition