
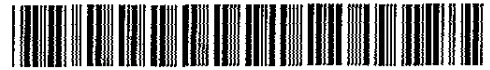


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000060397		
1. Entity Name ROCKMASTERS ENTERPRISE, INC.		
Principal Place of Business 6390 NASHVILLE AVE. PENSACOLA, FL 32526	Mailing Address 6390 NASHVILLE AVE. PENSACOLA, FL 32526	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FROMM, KANE L 6390 NASHVILLE AVE. PENSACOLA, FL 32526		DO NOT WRITE IN THIS SPACE
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>Kane L. D.</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROMM, KANE L 6390 NASHVILLE AVE. PENSACOLA, FL 32526	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Kane L. D.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/14/06 850-944-5557 Date Daytime Phone #



04142006 No Chg-P GR2E034 (11/05)

4. FEI Number 20-0979345	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000540393
05/10/06-80015-014 158.75

**DO NOT WRITE
IN THIS SPACE**