2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066540

Address:

City-St-Zip:

6201 THAMES PLACE

VERO BEACH, FL 32966

Entity Name: ROCKY HAMMOCK TIMBER CORP.

FILED Jan 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RBORN PLACE NBEACH, FL 334	37			
Current Mailing Address:			New Mailing Address:		
	RBORN PLACE NBEACH, FL 334	37			
FEI Number	: 20-1099613 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Curi	ent Registered Agent:	Name and Address	of New Registered Agent:	
BOYNTON	RBORN PLACE NBEACH, FL 334		surpage of changing its registers	od office or registered agent or both	
	e named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D/P () Del NADAL, ALFRED M 6911 DEARBORN F BOYNTON BEACH,	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D/S () Del NADAL, GAIL 6911 DEARBORN F BOYNTON BEACH,	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D/VP () Del FLORENCE, BELLI 6201 THAMES PLA VERO BEACH, FL	E CE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D/T () Del		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: GERALD M. FLORENCE TREA 01/18/2009