

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000070726

1. Entity Name
PRO ROCK II, INC.



FILED

2007 JAN -2 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1321 SE US HWY 19
CRYSTAL RIVER, FL 34429

Mailing Address
POST OFFICE BOX 39
CRYSTAL RIVER, FL 34423

2. Principal Place of Business

3. Mailing Address

1321 SE US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRYSTAL RIVER

Zip

Country

Zip

34429

Country

U.S.

12282006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-1065994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INMAN, AUDERE C
4121 N. CONCORD DR.
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1321 SE US HWY 19

City

CRYSTAL RIVER

FL

Zip Code

34429

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

A INMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

12-28-06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRE
MOXLEY, BENJAMIN L
1107 SE 4TH AVENUE
CRYSTAL RIVER, FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A INMAN AUDERE
P.O BOX 35
CRYSTAL RIVER FL 34423 ☐ Delete
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B 1/4/07
STATEMENT OF ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600082912746
01/02/07--01055--022 **150.00

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

A INMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-06

Date

352-795-7203

Daytime Phone #