

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 042 \*\*\*150.00

<b>DOCUMENT # P04000123522</b> 1. Entity Name <b>TRADEROCK MARINE SERVICE INC.</b>																													
Principal Place of Business <b>15970 NW SR 84</b> <b>SUITE 115</b> <b>SUNRISE, FL 33326</b>		Mailing Address <b>15970 NW SR 84</b> <b>SUITE 115</b> <b>SUNRISE, FL 33326</b>																											
2. Principal Place of Business <b>8361 GASSNER WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>8361 GASSNER WAY</b> Suite, Apt. #, etc.																											
City & State <b>LEHIGH ACRES FL</b>		City & State <b>LEHIGH ACRES FL</b>		4. FEI Number <b>20-1553585</b>																									
Zip <b>33936</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>KOCK, MARINA</b> <b>15970 NW SR 84</b> <b>115</b> <b>SUNRISE, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>MARINA KOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>(8361) GASSNER WAY 8361</b> City <b>LEHIGH ACRES FL</b> Zip Code <b>33936</b>																										
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><i>Marina Kock</i></u> DATE <u><i>July 14-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
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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><i>Marina Kock</i></u> DATE <u><i>July 14-06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

**50023009**



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