


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000131337 1. Entity Name FLINT ROCK, INC.	
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FILED
Aug 20, 2008 08:00 AM
Secretary of State

Principal Place of Business 11 LAGO VISTA PLACE PALM COAST, FL 32164	Mailing Address 11 LAGO VISTA PLACE PALM COAST, FL 32164
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08142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0525943	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTER, SHIRLEY D 11 LAGO VISTA PLACE PALM COAST, FL 32164
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, SHIRLEY 11 LAGO VISTA PLACE PALM COAST, FL 32164
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08/20/08-80002-007 150.00

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: <i>Shirley D Carter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>8/15/08 386-447-3657</i> <small>Date Daytime Phone #</small>
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