
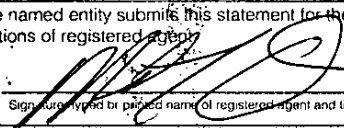
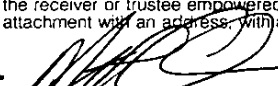


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 050 ***150.00

DOCUMENT # P05000002699 1. Entity Name ROCK MONSTERS, INC.			
Principal Place of Business 3788 W WHIPPOORWILL ST LECANTO FL 34461		Mailing Address 3788 W WHIPPOORWILL ST LECANTO FL 34461	
2. Principal Place of Business 1700 N. Lombardo Ave Suite, Apt. #, etc.		3. Mailing Address 1700 N. Lombardo Ave Suite, Apt. #, etc.	
City & State Lecanto, FL		City & State Lecanto, FL	
Zip 34461	Country USA	Zip 34461	Country USA
4. FEI Number 20-2110587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCA, MICHAEL L 3788 W WHIPPOORWILL ST LECANTO FL 34461		7. Name and Address of New Registered Agent Name Michael L. Duca Street Address (P.O. Box Number is Not Acceptable) 1700 N. Lombardo Ave City Lecanto FL Zip Code 34461	
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: 		DATE: 4-1-06	
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME DUCA, MICHAEL L STREET ADDRESS 3788 W WHIPPOORWILL ST CITY-ST-ZIP LECANTO FL 34461	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Michael L. Duca STREET ADDRESS 1700 N. Lombardo Ave CITY-ST-ZIP Lecanto, FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE: 4-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-302-5189	