

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90026 050 \*\*\*150.00

<b>DOCUMENT # P05000037701</b>					
<b>1. Entity Name</b> ROCKETT TROPICALS, INC.					
<b>Principal Place of Business</b> P.O. BOX 430156 BIG PINE KEY, FL 33043			<b>Mailing Address</b> P.O. BOX 430156 BIG PINE KEY, FL 33043		
<b>2. Principal Place of Business</b> P.O. Box 430156 Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 430156 Suite, Apt. #, etc.			
City & State Big Pine Key, FL		City & State Big Pine Key, FL			
Zip 33043-0156		Zip 33043-0156			
Country USA		Country USA			
<b>4. FEI Number</b> 20-2482693				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MORATO, MARLENE C 17 SHIPS WAY BIG PINE KEY, FL 33043			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ROCKETT, GEORGE PO BOX 430156 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Rockett III, George PO Box 430156 Big Pine Key, FL 33043-0156	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ROCKETT, KATHY P.O. BOX 430156 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Rockett, Kathie PO Box 430156 Big Pine Key, FL 33043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <b>Kathie Rockett</b> 5/12/6 (305) 872-8010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

50021951  
#P05000037701

July 5, 2006.

Dear Sir/Madam,

We had left on June 14<sup>th</sup>  
for a 3 week vacation and I  
returned to find a letter dated  
May 31<sup>st</sup> stating I did not file  
my annual report (I had forgot  
to send my check, see copy  
of the letter) The post mark  
on the letter was June 12<sup>th</sup>.  
(Copy of envelope enclosed)

Because this did not get  
to me until I returned  
from vacation, I was  
past the due date. Please  
except my payment of  
\$150, as I was unaware.

Thank you  
Kathie Rockett

President - Rockett Tropicals Inc,

Copy of Encl.



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314



00.39

DATE SENT

ATTACHMENT

50021951  
# 105000037701

Left on 10/4  
for Va-ca



33043+0156-55 B002



ATTACHMENT

50021951

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

ROCKETT TROPICALS, INC.  
P.O. BOX 430156  
BIG PINE KEY, FL 33043-0156

Subject: **ROCKETT TROPICALS, INC.**

Reference Number: **P05000037701**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/lb  
ANNUAL REPORTS SECTION

Notice  
was post  
Marked June  
12<sup>th</sup>