


**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90008 003 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P05000044281**

1. Entity Name  
**BED ROCK UNLIMITED, INC.**



Principal Place of Business 1430 PALM DR MOUNT DORA, FL 32757	Mailing Address 1430 PALM DR MOUNT DORA, FL 32757
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**DO NOT WRITE IN THIS SPACE**



07192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2479502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, TERRY E  
 545 N UMATILLA BLVD  
 UMATILLA, FL 32784**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing))

**FILE NOW!!! FEE IS \$850.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, TOMMY 1430 PALM DR MOUNT DORA, FL 32757
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**DO NOT WRITE  
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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: Tommy R. Simmons Date: 8/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #