


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90030 015 \*\*\*150.00

<b>DOCUMENT #</b> P05000116784	
<b>1. Entity Name</b> ROCK ART, INC.	

<b>Principal Place of Business</b> 300 NORTHWESTERN AVE. ALTAMONTE SPRINGS FL 32714	<b>Mailing Address</b> 300 NORTHWESTERN AVE. ALTAMONTE SPRINGS FL 32714
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<b>2. Principal Place of Business</b> 433 NORTHWESTERN AVE	<b>3. Mailing Address</b> 433 NORTHWESTERN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

<b>City &amp; State</b> Altamonte Springs FL	<b>City &amp; State</b> Altamonte Springs FL	<b>4. FEI Number</b> 02-0766043	<b>Applied For</b> Not Applicable
<b>Zip</b> 32714	<b>Country</b> SEMINOLE	<b>Zip</b> 32714	<b>Country</b> SEMINOLE
<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> ROCK, JACQUELINE C. 433 NORTHWESTERN AVE. ALTAMONTE SPRINGS FL 32714	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 Jacqueline Rock JACQUELINE ROCK DATE 8/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROCK, JACQUELINE C. 300 NORTHWESTERN AVE. ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROCK, JACQUELINE C. 433 NORTHWESTERN AVE. ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: Jacqueline Rock JACQUELINE ROCK DATE 8/18/06 (321) 388-2283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR