

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90009 048 \*\*\*158.75

<b>DOCUMENT # P05000120387</b>	
1. Entity Name <b>CHRIS ROTHROCK CARPENTRY INC.</b>	

Principal Place of Business <b>501 DANA AVE FORT WALTON BEACH, FL 32547</b>	Mailing Address <b>501 DANA AVE FORT WALTON BEACH, FL 32547</b>
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2. Principal Place of Business - No P.O. Box # <b>10026 Parker Lake Circle</b>	3. Mailing Address <b>10026 Parker Lake Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Navarre Florida</b>	City & State <b>Navarre FL</b>
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Zip <b>32566</b>	Country <b>USA</b>	Zip <b>32566</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>ROTHROCK, CHRIS 501 DANA AVE FORT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name <b>Chris Rothrock</b> Street Address (P.O. Box Number is Not Acceptable) <b>10026 Parker Lake Circle</b> City <b>Navarre</b> <b>FL</b> Zip Code <b>32566</b>	
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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 <b>Chris Rothrock</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4-17-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ROTHROCK, CHRIS 501 DANA AVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Rothrock, Chris 10026 Parker Lake Circle Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHROCK, JEANETTE 501 DANA AVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rothrock, Jeanette 10026 Parker Lake Circle Navarre, FL 32566 <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
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

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: <b>Chris Rothrock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-17-07</b> <small>Date</small>	Daytime Phone # <b>850-598-4150</b> <small>Daytime Phone #</small>
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