

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010322

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: BEDROCK CONTRACTORS, INC.

## Current Principal Place of Business:

1730 SHADOWOOD LN. SUITE 302  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

1542 GLENGARRY RD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1730 SHADOWOOD LN. SUITE 302  
JACKSONVILLE, FL 32207

## New Mailing Address:

1542 GLENGARRY RD  
JACKSONVILLE, FL 32207

FEI Number: 20-4109463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROTTI, DAVID P  
1730 SHADOWOOD LN. SUITE 302  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

TROTTI, DAVID P  
1542 GLENGARRY RD  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: DAVID P. TROTTI

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TROTTI, DAVID P  
Address: 1606 SHARONHILL DR.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: BALLARD, WILLIAM J  
Address: 10967 MAJHRO DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: BALLARD, SCOTT E  
Address: 10550-208 BAYMEADOWS RD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: POWELL, JEREMY D  
Address: 11815 ALDEN RD #503  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCCULLAR, ROBERT E  
Address: 103 APACHE AVE.  
City-St-Zip: INTERLOCHEN, FL 32148

Title: T (X) Change ( ) Addition  
Name: MCHALE, ELLIS S  
Address: 5757 SHORTHORN RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S (X) Change ( ) Addition  
Name: MCHALE, WILLIAM F  
Address: 5827 LADY BUG LANE  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. TROTTI

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date