

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90041 027 \*\*\*150.00

DOCUMENT # P06000014045

1. Entity Name

ROCKS OF MOTHER EARTH, INC.



Principal Place of Business

13300 FORT KING RD  
DADE CITY FL 33525

Mailing Address

13300 FORT KING RD  
DADE CITY FL 33525



2. Principal Place of Business - No P.O. Box #

13330 FORT KING RD  
Suite, Apt. #, etc.  
DADE CITY, FL  
City & State

3. Mailing Address

13330 FORT KING RD  
Suite, Apt. #, etc.  
DADE CITY, FL  
City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-3842027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUGM, THOMAS  
13300 FORT KING RD  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name JAMES B. HENDERSON

Street Address (P.O. Box Number is Not Acceptable)

13330 FORT KING RD

City DADE CITY

FL

Zip Code

33525

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

James B. Henderson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/29/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HENDERSON, JAMES  
STREET ADDRESS 13300 FORT KING RD  
CITY- ST- ZIP DADE CITY FL 33525 ☐ Delete

TITLE S  
NAME HENDERSON, JEFFREY  
STREET ADDRESS 13300 FORT KING RD  
CITY- ST- ZIP DADE CITY FL 33525 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James B. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

352-567-1442

Telephone #