

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059405

FILED
Feb 02, 2009
Secretary of State

Entity Name: ROCKWOOD RESTORATION SERVICES INC.

Current Principal Place of Business:

3944 SW 140TH AVE
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

3944 SW 140TH AVE
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 01-0864004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, ROCKFELD L
3944 SW 140TH AVE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROCKFELD, RICHARD L
Address: 3944 SW 140TH AVE
City-St-Zip: DAVIE, FL 33330 US

Title: VP () Delete
Name: ROCKFELD, DORIS
Address: 3944 SW 140TH AVE
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROCKFELD, KRISTIN L
Address: 3944 SW 140TH AVE
City-St-Zip: DAVIE, FL 33330 US

Title: VP (X) Change () Addition
Name: ROCKFELD, GARRETT W
Address: 3944 SW 140TH AVE
City-St-Zip: DAVIE, FL 33330 US

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: KRISTIN ROCKFELD

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date