

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 015 ***150.00

DOCUMENT # P06000140187 1. Entity Name CSROCK, INC.			
Principal Place of Business 27499 RIVERVIEW CENTER BLVD. SUITE 207 BONITA SPRINGS, FL 34134		Mailing Address 27148 LOST LAKE LANE BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box # 27499 RIVERVIEW CENTER BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE 102	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL	
Zip 34134		Country LEE	
4. FEI Number 20-5872414		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, SUSAN 27148 LOST LAKE LANE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u>Susan Delgado, pres</u> 1-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES <input type="checkbox"/> Delete NAME DELGADO, SUSAN STREET ADDRESS 27499 RIVERVIEW CENTER BLVD., SUITE 207 CITY-ST-ZIP BONITA SPRINGS, FL 34134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SECR <input type="checkbox"/> Delete NAME DELGADO, SUSAN STREET ADDRESS 27499 RIVERVIEW CENTER BLVD., SUITE 207 CITY-ST-ZIP BONITA SPRINGS, FL 34134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TREA <input type="checkbox"/> Delete NAME DELGADO, SUSAN STREET ADDRESS 27499 RIVERVIEW CENTER BLVD., SUITE 207 CITY-ST-ZIP BONITA SPRINGS, FL 34134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DIRE <input type="checkbox"/> Delete NAME DELGADO, SUSAN STREET ADDRESS 27499 RIVERVIEW CENTER BLVD., SUITE 207 CITY-ST-ZIP BONITA SPRINGS, FL 34134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>S. Delgado, pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-8-08 Daytime Phone #: 239 948 0424	