

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000140187

1. Entity Name  
CSROCK, INC.



FILED

2008 SEP 26 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
25483 LUCI DRIVE  
BONITA SPRINGS, FL 34135

Mailing Address  
25483 LUCI DRIVE  
BONITA SPRINGS, FL 34135

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09232008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5872414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, SUSAN  
25483 LUCI DRIVE  
BONITA SPRINGS, FL 34135

Name

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

200136464813  
09/30/08--01009--004 \*\*61.25

City

FL

Zip Code

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

Signature, typed or printed name of registered agent; and after if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PRES  
DELGADO, SUSAN ☐ Delete  
STREET ADDRESS  
27499 RIVERVIEW CENTER BLVD., SUITE 207  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
SECR  
DELGADO, SUSAN ☐ Delete  
STREET ADDRESS  
27499 RIVERVIEW CENTER BLVD., SUITE 207  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
TREA  
DELGADO, SUSAN ☒ Delete  
STREET ADDRESS  
27499 RIVERVIEW CENTER BLVD., SUITE 207  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
DIRE  
DELGADO, SUSAN ☐ Delete  
STREET ADDRESS  
27499 RIVERVIEW CENTER BLVD., SUITE 207  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
Ms. Susan DelGado ☒ Change ☐ Addition  
STREET ADDRESS  
25483 Luci Dr.  
CITY-ST-ZIP  
Bonita Spgs., FL 34135 L 34135

TITLE  
NAME  
Ms. Susan DelGado ☒ Change ☐ Addition  
STREET ADDRESS  
25483 Luci Dr.  
CITY-ST-ZIP  
Bonita Spgs., FL 34135

TITLE  
NAME  
TREA  
CHARLES ROCK ☐ Change ☒ Addition  
STREET ADDRESS  
25483 LUCI DRIVE  
CITY-ST-ZIP  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
Ms. Susan DelGado ☒ Change ☐ Addition  
STREET ADDRESS  
25483 Luci Dr.  
CITY-ST-ZIP  
Bonita Spgs., FL 34135

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

TITLE  
NAME  
☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9.23.08