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

09232008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
25483 LUCI DRIVE BONITA SPRINGS, FL 34135	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.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-5872414 — Applied For / Not Applicable

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) 300136464813 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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ☐ Delete DELGADO, SUSAN 27499 RIVERVIEW CENTER BLVD., SUITE 207 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Ms. Susan DelGado 25483 Luci Dr. Bonita Spgs., FL 34135 L 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR ☐ Delete DELGADO, SUSAN 27499 RIVERVIEW CENTER BLVD., SUITE 207 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Ms. Susan DelGado 25483 Luci Dr. Bonita Spgs., FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ☒ Delete DELGADO, SUSAN 27499 RIVERVIEW CENTER BLVD., SUITE 207 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition TREA CHARLES ROCK 25483 LUCI DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE ☐ Delete DELGADO, SUSAN 27499 RIVERVIEW CENTER BLVD., SUITE 207 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Ms. Susan DelGado 25483 Luci Dr. Bonita Spgs., FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: _____ 9.23.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #