## 2008 FOR PROFIT CORPORATION

## Jul 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** 07-14-2008 90026 014 \*\*\*150.00 DOCUMENT # P07000002218 1. Entity Name "CAP ROCK REAL ESTATE SERVICES, INC." Principal Place of Business Mailing Address 16280 SNAPDRAGON LANE 16280 SNAPDRAGON LANE FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07072008 City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYDEN, KENNETHH W 16280 SNAPDRAGON LANE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33912 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE Addition Kenneth W. Hayder NAME NAME. mean banac 08601 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - S1 - ZIP TILLS ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CHY-ST-78 C11Y-S1-ZIP HILE ☐ Delete THILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREE! ADDPESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with address, with all other receivered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CDY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED