

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131240

**FILED**  
**May 04, 2009**  
**Secretary of State**

**Entity Name:** ROSPLOCK MANAGEMENT, INC.

**Current Principal Place of Business:**

8140 BELVEDEVE ROAD  
SUITE #E5  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

8140 BELVEDEVE ROAD  
SUITE #E5  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 26-1586443      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 US HWY. ONE, 3RD FLOOR  
JUPITER, FL 334682410 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: ROSPLOCK, JOHN P  
Address: 413 MEADOWLARK LANE  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. (X) Change ( ) Addition  
Name: ROSPLOCK, JOHN P  
Address: 413 MEADOWLARK LANE  
City-St-Zip: JUPITER, FL 33458

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: JOHN P ROSPLOCK

PRES

05/04/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date