


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 020 ***150.00

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|
| DOCUMENT # P23877 | | | |  | |
| 1. Entity Name ROCKDALE INVESTMENT COMPANY | | | | | |
| Principal Place of Business 8238 FAIRWAY DR COVINGTON, GA 30014 US | | | Mailing Address 8238 FAIRWAY DR COVINGTON, GA 30014 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 58-1443465 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KENDALL, TIMOTHY 5414 GEORGIA AVENUE <i>2676 COLLIN DR - SUITE 10-11</i> WEST PALM BEACH, FL 33405 <i>33406</i> | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 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 reinstating) DATE _____ | | | | | |
| 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MEYER, KLAUS | | NAME | | |
| STREET ADDRESS | ROELBEK #15 | | STREET ADDRESS | | |
| CITY-ST-ZIP | HAMBURG GERMANY, 22607 | | CITY-ST-ZIP | | |
| TITLE | VT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MORGAN, J.T. | | NAME | | |
| STREET ADDRESS | 8238 FAIRWAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | COVINGTON, GA 30014 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ALEXANDER, JAMES B. | | NAME | | |
| STREET ADDRESS | 1116 CLARK ST. NW | | STREET ADDRESS | | |
| CITY-ST-ZIP | COVINGTON, GA 30014 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>J.T. Morgan</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <i>2-26-08</i> Daytime Phone #: <i>770-786-5201</i> | |

ATTACHMENT

40036057

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number P23877
Business Entity Name ~~ROCKDALE INVESTMENT COMPANY~~

FEI Number 58 - 1443465

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 8238 FAIRWAY DR (PO Box not acceptable)

Suite, Apt. #, etc.

City, State COVINGTON, GA

Zip Code & Country 30014 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address 8238 FAIRWAY DR

Suite, Apt. #, etc.

City, State COVINGTON, GA

Zip Code & Country 30014 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) KENDALL, TIMOTHY

- OR -

Business to serve as RA

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Street Address In Florida 3676 COLLIN DR.
~~5414 GEORGIA AVENUE~~ (PO Box not acceptable)

Suite, Apt. #, etc. SUITES 10-11

City, State WEST PALM BEACH, FL

Zip Code & Country 33406
~~33405~~ US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title PD

Name (Last, First, Middle, Title) MEYER, KLAUS

- OR -

Entity Name to serve as Officer/Director

Street Address ROELBEK #15

City, State HAMBURG GERMANY

Zip Code & Country 22607

Name And Address #2

Title VT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director MORGAN, J.T.

Street Address 8238 FAIRWAY DR

City, State COVINGTON, GA

Zip Code & Country 30014

Name And Address #3

Title S

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director ALEXANDER, JAMES B.

Street Address 1116 CLARK ST. NW

City, State COVINGTON, GA

Zip Code & Country 30014

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

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City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title VT

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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