

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35075

FILED
Mar 05, 2007
Secretary of State

Entity Name: ROCKDALE PIPELINE, INC.

Current Principal Place of Business:

1925 OLD COVINGTON HIGHWAY
CONYERS, GA 30013 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1157
CONYERS, GA 30012 US

New Mailing Address:

FEI Number: 58-1265524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: DUNCAN, PAUL,
Address: 398 HWY 11 SW
City-St-Zip: MONROE, GA 30655 US

Title: P () Delete
Name: RICHARDSON, KENNETH,
Address: 1256 AMBER STAPP ROAD
City-St-Zip: SOCIAL CIRCLE, GA 30279 US

Title: S () Delete
Name: RICHARDSON, MYRTLE,
Address: 1378 AMBER STAPP STUDDARD ROAD
City-St-Zip: SOCIAL CIRCLE, GA 30025 US

Title: V () Delete
Name: COOLEY, SHIRLEY,
Address: RT 2, BOX 151C
City-St-Zip: SOCIAL CIRCLE, GA 30025 US

Title: V () Delete
Name: STEVENS, DANIEL,
Address: 3403 UNION POINT ROAD
City-St-Zip: MAXEYS, GA 30671 US

Title: V () Delete
Name: REARDEN, RICHARD,
Address: 819 INNERGARY PLACE
City-St-Zip: VALERICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL DUNCAN

D

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date