




2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000051115 1. Entity Name ROCKFILL ASSOCIATES, INC.						FILED 04 MAR 18 11:09 AM SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2700 ROCKFILL RD FT. MYERS, FL 33916 US				Mailing Address P.O. BOX 27 FT. MYERS, FL 33902-0027 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0437217				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIMSCHOOT, ROBERT D 2700 ROCKFILL RD. FT. MYERS, FL 33916				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HIMSCHOOT, ROBERT D 2700 ROCKFILL RD FT. MYERS, FL 33916 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIMSCHOOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIMSCHOOT, MICHAEL D 2700 ROCKFILL RD. FT. MYERS, FL 33916 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIMSCHOOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLSPAUGH, RICHARD N 2700 ROCKFILL ROAD FORT MYERS, FL 33916 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400030822094 03/22/04--01017--001 **350.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIMSCHOOT, THERESA L 2700 ROCKFILL RD. FORT MYERS, FL 33916 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIMSCHOOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				1/7/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			