2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# P93000051115

Entity Name: ROCKFILL ASSOCIATES, INC.

Current Principal Place of Business:

2700 ROCKFILL RD
FT. MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27
FT. MYERS, FL 339020027 US

New Mailing Address:

FEI Number: 65-0437217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIMSCHOOT, ROBERT D
2700 ROCKFILL RD.
FT. MYERS, FL 33916 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HIMSCHOOT, ROBERT D
Address: 2700 ROCKFILL RD
City-St-Zip: FT. MYERS, FL 33916 US

Title: V ( ) Delete
Name: HIMSCHOOT, MICHAEL D
Address: 2700 ROCKFILL RD.
City-St-Zip: FT. MYERS, FL 33916

Title: V ( ) Delete
Name: MILLSPAUGH, RICHARD N
Address: 2700 ROCKFILL ROAD
City-St-Zip: FORT MYERS, FL 33916

Title: T ( ) Delete
Name: HIMSCHOOT-MITCHELL, THERESA L
Address: 2700 ROCKFILL RD.
City-St-Zip: FORT MYERS, FL 33916

Title: S (X) Delete
Name: HIMSCHOOT, PAULA L
Address: 2700 ROCKFILL ROAD
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TS (X) Change ( ) Addition
Name: HIMSCHOOT-MITCHELL, THERESA L
Address: 2700 ROCKFILL RD.
City-St-Zip: FORT MYERS, FL 33916

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

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: THERESA L. HIMSCHOOT-MITCHELL TS 06/29/2009
Electronic Signature of Signing Officer or Director Date