

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90115 043 ***150.00

DOCUMENT # P95000022040																																																																																																																																			
1. Entity Name ROCKY'S REPLAY, INC.																																																																																																																																			
Principal Place of Business 1121 E. SEMORAN BLVD CASSELBERRY, FL 32707 US			Mailing Address 1121 E SEMORAN BLVD CASSELBERRY, FL 32707																																																																																																																																
2. Principal Place of Business		3. Mailing Address 1121 E. S.R. 436 - SEMORAN																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State CASSELBERRY, FL		4. FEI Number 59-3306801																																																																																																																															
Zip		Zip 32707		Country SEMINOLE																																																																																																																															
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent MOSHER, DAVID 908 MOSS LN WINTER PARK, FL 32789			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 <u>Laura Mosher</u> <u>Laura Mosher</u> <u>1/20/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <u>Laura Mosher</u> <u>Laura Mosher</u>			<u>1/20/06</u> <u>407-260-0043</u> <small>Date Daytime Phone #</small>																																																																																																																																