


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Sep 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # P96000099637	
1. Entity Name ROCKETMAN, INC.	

Principal Place of Business 144 AVENIA MESSINA SIESTA KEY SARASOTA, FL 34242	Mailing Address 144 AVENIA MESSINA SIESTA KEY SARASOTA, FL 34242
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07062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0711564	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FEINS, ALAN 144 AVENIA MESSINA SIESTA KEY SARASOTA, FL 34242
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<p>1100000377693 09/07/05-80009-005 150.00</p> <p>1100000377693 09/07/05-80009-006 8.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Alan Feins</u> <u>Alan Feins pres.</u> <u>JULY 25 '05</u> <u>(941) 921-2084</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>