2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

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DOCUMENT # P97000069250 1. Entity Name CASTLEROCK INVESTMENTS, INC.						03-14-2007	90024	020 ***15	0.00	
Principal Place of Business Mailing Address					Λ	AA2E2AF	•			
1					40035207					
PO BOX 331443 Atlantic Beach, FL 32233 US		PO BOX 331443 Atlantic BCH, FL 322	33 US	l						
ATLANTIC DE	40H, FL 32233 U3	ATLANTIC DOIT, IL 322	JJ UJ							
					1 IN OFFICE AND AND	1818 18811 53 111 63 111 63 18		ENE COELENA OTEN		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
							I BUSIN BISIN I	BIIR 11881 71111 BBIII	EBA II LOOI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
					02142007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Numbe			App	olied For	
0.0, 0.0.0.		ony a state			59-3464			— — — — — — — — — — — — — — — — — — —	Applicable	
Zip Country		Zip	Country	rv				\$8.75 Addi		
	, , , , , , , , , , , , , , , , , , ,		,	5. Certificate of Status Desir		of Status Desired		Fee Required		
	6. Name and Address of Current	Registered Agent	Agent			7. Name and Address of New Registered Agent				
					Name					
CRABTREE, R.R.										
SAN JOSE BLVD, # 201				ddress (P.O. Box Number	er is Not Acceptable	a)			
JACKSON	VILLE, FL 32217		.—							
ŀ										
				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. Lam familiar with, and accept									and accept	
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		a 5) -ti 0	-							
FIL:	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.	ign Financing ribution.	\$5 Add	.00 May Be led to Fees						
Alter IV										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTORS	S IN 11	
TITLE	PD	' `⊾Delete	TITLE					Change	Addition	
NAME	FORD, CURTIS R		NAME							
STREET ADDRESS	237 9TH AVENUE NORTH									
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250						_			
TITLE	DVP	Delete	TITLE	DS	ÿΤ	(C)		Change	X Addition	
NAME	DOERR, STEPHEN E	\wedge	NAME	For	d Dwin	elle H	1.1			
STREET ADDRESS	5 INSULA PLACE	/	STREET ADDRESS	232	" AHL AVE	enue Nor	ひり			
CITY-ST-ZIP	HOT SPRINGS VILLAGE, AR 7	1909	CITY-ST-ZIP	1	KRODVI	elle P. enue Nor lle Beach	FL	32250)	
TITLE		□ Delete	TITLE	1			-) -	☐ Change	☐ Addition	
NAME			NAME	l				_ ,	_	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	 	□ Delete	TITLE	†				☐ Change	Addition	
NAME		LJ DEIGIE	NAME							
STREET ADDRESS			STREET ADDRESS	}						
CITY-ST-ZIP			CITY-ST-ZIP							
		☐ Delete	TITLE	+				☐ Change	Addition	
TITLE NAME		L_1 Delete	NAME					- change		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	\		CITY-ST-ZIP	1						
				+				☐ Change	☐ Addition	
TITLE	1	Delete	TITLE					□ спапре	LLI MUUNUUN	

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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(404)333 4565

Date