ANNUAL REPORT (AR)

SIGNATURE

DOCUMENT # P98000018080 FILED 1. Entity Name Apr 03, 2006 08:00 AM Secretary of State SOLID ROCK CHEER CENTER, INC. Principal Place of Business Mailing Address 8100 PARK BLVD., UNIT C-24 PINELLAS PARK FL 34665 8100 PARK BLVD., UNIT C-24 PINELLAS PARK FL 34665 2. Principal Place of Business 3. Maning Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3514128 Not Applicat Ζìρ Ζίρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARITEAU, CAROL S 2181 COUNTRY CLUB RD N Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33710 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 acce; the obligations of registered agent. SIGNATURE. DATE Signature, typed or prated name of registered agent and title it applicable (NOTE Registered Agent expeature regulard when registativit) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BILE PD Delete lillé Change ☐ Add NAME BARITEAU, CAROL S NAME U00000489109 04/18/06-80002-018 150.00 STREET ADDRESS 2181 COUNTRY CLUB RD STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 Delete ☐ Change Additi. MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-7P Delete ☐ Change ☐ Add? TITLS muNAM STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP Change TITCE Delete 3411 The Asset Co. NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Mod? 757 I F atele0 🔲 titte NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 editors, with all other like empowered.