

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 047 \*\*\*150.00

40093428



|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # P98000036853</b><br>1. Entity Name<br><b>ROCKY MOUNTAIN PROPERTY CO.</b>   |   |   |  |
| Principal Place of Business<br><b>3211 BEE RIDGE RD.<br/>SARASOTA, FL 34239</b>  |   | Mailing Address<br><b>4815 E. BUSC BLVD.<br/>208<br/>SARASOTA, FL 34232 US</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>14502 N. Dale Mabry<br/>Suite 200</b>  |  |
| City & State<br>Zip  |   | City & State<br><b>Tampa, FL</b><br>Zip<br><b>33618</b>   |  |
| Country<br><b>USA</b>  |   | 4. FEI Number<br><b>65-0833441</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>GORDAN, DAVID<br/>OWNERS PROPERTY MANAGEMENT<br/>4815 E. BUSCH BLVD. STE. 208<br/>TAMPA, FL 33617</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14502 N. Dale Mabry, Ste. 200</b><br>City<br><b>Tampa</b> |  |
| State<br><b>FL</b>   |   | Zip Code<br><b>33618</b>  |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | <b>David Gordon, agent</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| DATE<br><b>4/27/07</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |   | \$5.00 May Be<br>Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete<br><b>KENT, MICHAEL<br/>6501 E IDA AVENUE<br/>GREENWOOD VILLAGE, CO 80111</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete<br><b>KENT, GREGORY<br/>280 ADAMS ST<br/>DENVER, CO 80206</b>                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete<br><b>GOLDBERG, WILLIAM<br/>1270 JOSEPHINE ST.<br/>DENVER, CO 80206</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <b>David Gordon</b><br>Date<br><b>4/27/07</b>   |  |
| Daytime Phone #<br><b>813-287-1078</b>   |   |   |  |