

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063861

Entity Name: MAMA'S ROCK & SAND, INC.

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

1107 KEY PLAZA  
#311  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1107 KEY PLAZA  
#311  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0855307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, MARY BETH  
3201 FLAGLER AVE  
SUITE 506  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

MEYERS, MARY BETH CPA  
3201 FLAGLER AVE  
SUITE 506  
KEY WEST, FL 33040 US

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.

SIGNATURE: MARY BETH MEYERS CPA      04/28/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BISKUPICH, MICHAEL  
Address: 21 KEY HAVEN TERRACE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BISKUPICH      P      04/28/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date