2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State

07-08-2004 90101 005 ***150.00

DOCUMENT # P98000068485 1. Entity Name FROCKT ENTERPRISES, INC. Principal Place of Business Mailing Address 54060660 1120 PONTE VERDA BLVDU 1120 PONTE VERRA BLVD PONDE VEDRA BEACH, FL 32072 US PONTE VEDRA BEACH, FL 32082 LANGE TO L. JOSEP 3. Mailing Address 105 SEA 2. Principal Place of Business -105-5eA 6,14 Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Applied For Ponte vedra Bead 7 4. FEI Number 59-3524910 Not Applicable Country SA \$8.75 Additional . 5. Certificate of Status Desired 32002 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FROCKT, JERRY B Street Address (P.O. Box Number is Not Acceptable) 1120 PONTE VERDRE BLVD JACKSONVILLE, FL 32216 City 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 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 FILE NOW!!! FEE IS \$150:00 - 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIN FEET 8, 2004. Added to Fees 我们的 高级特殊 OFFICERS AND DIRECTORS 4 1/2 22 11: ; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE Change TITLE ☐ Delete FROCKT, JERRY B NAME NAME 105 SEA Lily LN STREET ADDRESS 1120 PONTE VEDRA BLVD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CSTY-ST-7IP TIDE TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP... CITY-ST-7IP ~ ☐ Delete MILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIBLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 12. I hereby certify that the information supplied with this filing does not qualify 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 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 affactment with an address, withail other like empogreed.

CE OF SIGNING OFFICER OR DIRECTOR