2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# P99000098189

Entity Name: ROCK FORMATIONS FLORIDA, INC.

Current Principal Place of Business:

17433 FUCHSIA ROAD
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

17433 FUCHSIA ROAD
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0960417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIOUSSI, DANA CPA PA
7370 COLLEGE PKWY
STE 305
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HARRIS, RON CPA
4575 VIA ROYALE
STE 218
FORT MYERS, FL 33919 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: RON HARRIS 01/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SILVA, JENNIFER
Address: 17433 FUCHSIA ROAD
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: SILVA, ROBERT
Address: 17433 FUCHSIA ROAD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JENNIFER SILVA PRES 01/23/2004
Electronic Signature of Signing Officer or Director Date