

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90047 024 ***150.00

DOCUMENT # S34750

1. Entity Name
ROCK CORPORATION OF SOUTH FLORIDA, INC.



Principal Place of Business

**2245 DESOTO RD
SARASOTA, FL 34234**

Mailing Address

**2245 DESOTO RD
SARASOTA, FL 34234**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0248046

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROCHETTE, MURIEL
2245 DESOTO ROAD
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, CLAUDE 2245 DESOTO ROAD SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, TONY 3001 TAFT ST., #11A NORTH HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, MURIEL 2245 DESOTO ROAD SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, NADIA 3001 TAFT ST #11A NORTH HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, MELANIE 2245 DESOTO ROAD SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Muriel Rochette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2005 941-360-8316
Date Daytime Phone #