

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90295 001 ***300.00

DOCUMENT # S40127

1. Entity Name
WHITROCK ASSOCIATES, INC.



Principal Place of Business
108 EGLIN PKWY, S.E.
FT. WALTON BEACH, FL 32548 US

Mailing Address
108 EGLIN PKWY, S.E.
FT. WALTON BEACH, FL 32548 US

66007499



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3078177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P
SMITH, GRIMSLEY, BAUMAN ETAL
909 WALT BRICK STE 1014
FORT WALTON BEACH, FL 32547-6711

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROCKMAN, KEITH
STREET ADDRESS 108 EGLIN PKWY, S.E.
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE VPD
NAME BUCK, JASON C
STREET ADDRESS 108 EGLIN PKWY SE, FWB
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2008

950 862-7900

Keith L. Rockman