


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 834037
 1. Entity Name
ROY JORGENSEN ASSOCIATES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 70 P.O. BOX 70
 BUCKEYSTOWN MD 21717 BUCKEYSTOWN MD 21717

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

4. FEI Number **52-0850711** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	SELBY, DOUGLAS W
STREET ADDRESS	5107 GARLAND COURT
CITY - ST - ZIP	IJAMSVILLE MD 21754
TITLE	P <input type="checkbox"/> Delete
NAME	JORGENSEN, JOHN S.
STREET ADDRESS	3735 BUCKEYSTOWN PIKE
CITY - ST - ZIP	BUCKEYSTOWN MD
TITLE	SVP <input type="checkbox"/> Delete
NAME	HENNINGSGAARD, CHARLES E
STREET ADDRESS	10 HONEYSUCKLE COURT
CITY - ST - ZIP	DAMASCUS MD
TITLE	VP <input type="checkbox"/> Delete
NAME	CLARK, THOMAS S
STREET ADDRESS	5834 ABERDALE PLACE
CITY - ST - ZIP	ADAMSTOWN MD 21710
TITLE	SVP <input type="checkbox"/> Delete
NAME	MEYER, CHARLES E.
STREET ADDRESS	12028 OAK DRIVE
CITY - ST - ZIP	WHITEWOOD SD 57793
TITLE	VP <input type="checkbox"/> Delete
NAME	EDELBLUTE, CARL G
STREET ADDRESS	PO BOX 229
CITY - ST - ZIP	GREENBANK WA 98253

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **Douglas W. Selby / Exec. VP** 1/26/05 301/831-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #