2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 25, 2005 08:00 AM **DOCUMENT # 367245 Secretary of State** ROGERS SEAWALL COMPANY, INC. Principal Place of Business Mailing Address 5906 DUNCAN RD PUNTA GORDA FL 33950-6099 5906 DUNCAN RD PUNTA GORDA FL 33950-6099 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1301975 Not Applicable Zip Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, DONALD N Street Address (P.O. Box Number is Not Acceptable) 5906 DUNCAN RD PUNTA GORDA FL 33950 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition PD TITLE Change 41111 ☐ Delete U00000276105 NAME ROGERS, DONALD N. 03/25/05-80025-024 150.00 5906 DUNCAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 11111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Delete TITLE ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 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.

ONING OFFICER OR DIRECTOR