


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 635263**

1. Entity Name  
**ROBERT L. ROGERS ENGINEERING COMPANY**



Principal Place of Business  
**1105 SE 3RD AVE**  
**OCALA, FL 34471 US**

Mailing Address  
**1105 SE 3RD AVE**  
**OCALA, FL 34471 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1980832**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**ROGERS, ROBERT L**  
**1309 SOUTHEAST 38TH COURT**  
**OCALA, FL 34471**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD ROGERS, ROBERT L. 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, CAROLYN D. 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGERS, CAROLYN D. 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, RODNEY K. 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, RODNEY K.(ASST) 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11/21/04-80019-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carolyn D. Rogers* *Carolyn D. Rogers* 1-20-04 (352)622-9214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keyfile Phone #