


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 635263.**  
1. Entity Name  
**ROBERT L. ROGERS ENGINEERING COMPANY**



Principal Place of Business <b>1105 SE 3RD AVE OCALA, FL 34471 US</b>	Mailing Address <b>1105 SE 3RD AVE OCALA, FL 34471 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1980832</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstalling) 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	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.(ASS'T) 1309 S.E. 38TH CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/21/05-80008-002 158.75

**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)(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** 1/17/05 (352)622-9214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #