2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H34797

1. Entity Name
ROGART CORP.

50029779

Principal Place of Business	Mailing Address
C/O PRENTICE-HALL CORP. SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	45 WALPOLE ST. 6 NORWOOD, MA 02062 US

DO NOT WRITE IN THIS SPACE

03072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
58-1606118	Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301

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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, 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	DP
NAME	LOCKWOOD, ROGER
STREET ADDRESS	45 WALPOLE ST STE 6
CITY-ST-ZIP	NORWOOD, MA

TITLE	AS
NAME	HAMMER, MICHAEL
STREET ADDRESS	400 ATLANTIC AVE.
CITY-ST-ZIP	BOSTON, MA

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Roger L Lockwood_   3.15.05   781-769-8900

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