

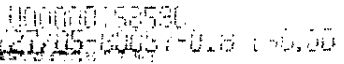
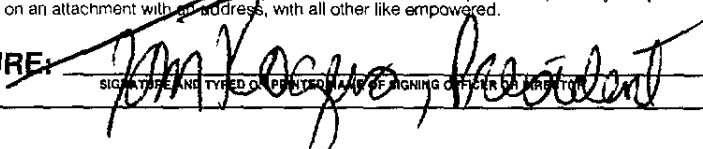


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 A
Secretary of State

DOCUMENT # K10800 1. Entity Name ROGERS AND ROGERS ENTERPRISES, INC.			
Principal Place of Business 2870-C INDUSTRIAL PLAZA DR. TALLAHASSEE, FL 32301 US		Mailing Address 2870-C INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US	
DO NOT WRITE IN THIS SPACE			
		01192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2867000	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
ROGERS, PAUL THOMAS 5375 WIDEFIELD DR TALLAHASSEE, FL 32309		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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP	 DO NOT WRITE IN THIS SPACE	
NAME	ROGERS, PAUL THOMAS		
STREET ADDRESS	5375 WIDEFIELD DRIVE		
CITY - ST - ZIP	TALLAHASSEE, FL		
TITLE	DS		
NAME	ROGERS, LAURA COLLEEN		
STREET ADDRESS	5375 WIDEFIELD DRIVE		
CITY - ST - ZIP	TALLAHASSEE, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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)(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: 		Date 1-25-05 Daytime Phone # 850-878-1200	