2005 FOR PROFIT CORPORATION

FILED Feb 10. 2005 08:00 AM

ANNUAL REPORT				TED 10, 2003 00.00 F			
DOCUMENT # K52022 1. Entity Name BILL ROGERS ENGINEERING ASSOCIATES, INC.					Se	cretary of State	
1954 OLD D	pe of Business DAYTONA ROAD GE, FL 32128	Mailing Address 1954 OLD DAYTONA ROAD PORT ORANGE, FL 32128			. 21112 #1211 22112 11212 11212	i Brain Gigil Gigil Brain Gigil Albridan il febb	
E	OO NOT WRITE	CE	02082005 4. FEI Numbe 59-294	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROGERS, BILL 1954 OLD DAYTONA ROAD PORT ORANGE, FL 32128			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 accepted by 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 Finar Trust Fund Contribution.				.00 May Be ed to Fees	000000 02/10/05	0223410 -80040-024 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROGERS, BILL 1954 OLD DAYTONA RD. PORT ORANGE, FL ST MONTGOMERY, CHRSTIE ROGE			The second secon	And	-	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1954 OLD DAYTONA RD. PORT ORANGE, FL	· · · · · · · · · · · · · · · · · · ·	 	DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN 7	THIS SF	PACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME							

12. I hereby certify that the information supplied with the 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 cath; 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: 4

STREET ADDRESS CITY-ST-ZIP

P 1 1 1
TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770 904-6220 Daylime Phone #