

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K52022

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** BILL ROGERS ENGINEERING ASSOCIATES, INC.

**Current Principal Place of Business:**

1954 OLD DAYTONA ROAD  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

483 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

1954 OLD DAYTONA ROAD  
PORT ORANGE, FL 32128

**New Mailing Address:**

483 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327

**FEI Number:** 59-2943088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, BILL  
1954 OLD DAYTONA ROAD  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

ROGERS, BILL  
483 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327 US

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.

**SIGNATURE:**

04/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROGERS, BILL  
**Address:** 483 WAKULLA SPRINGS ROAD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** ST  
**Name:** MONTGOMERY, CHRSTIE ROGERS  
**Address:** 483 WAKULLA SPRINGS ROAD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BILL ROGERS

PD

04/13/2010

Electronic Signature of Signing Officer or Director

Date