


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M41279 1. Entity Name BUCK ROGERS MANUFACTURERS REPRESENTATIVES, INC.		
Principal Place of Business 106 BROOKHILL DR COCOA, FL 32926	Mailing Address 3603 SW. PITCH WAY PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOTT, JOHN 106 BROOKHILL DR COCOA, FL 32926		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D	
NAME	CORT, LEON	
STREET ADDRESS	3603 SW. PITCH WAY	
CITY - ST - ZIP	PALM CITY, FL 34990	
TITLE	STD	
NAME	CORT, KATHLEEN	
STREET ADDRESS	3603 SW. PITCH WAY	
CITY - ST - ZIP	PALM CITY, FL 34990	
TITLE	P	
NAME	SCOTT, JOHN	
STREET ADDRESS	106 BROOKHILL DR	
CITY - ST - ZIP	COCOA, FL 32926	
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 exemptions contained in Chapter 119, 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: <i>John Scott</i> JOHN SCOTT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		X 2-6-06 321-638-3949 <small>Date Daytime Phone #</small>



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2737291** Applied For ☐ Not Applicable ☐

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

000000426113
02/20/06-80030-025 150.00

**DO NOT WRITE
IN THIS SPACE**