

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 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



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2737291	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 SCOTT, JOHN 106 BROOKHILL DR COCOA, FL 32926
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**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORT, LEON 3603 SW. PITCH WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORT, KATHLEEN 3603 SW. PITCH WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, JOHN 106 BROOKHILL DR COCOA, FL 32926
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000585887
01/16/07-80031-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07 321-638-3949
Date Daytime Phone #