

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
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2737291	Applied For Not Applicable
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5. Certificate of Status Desired **\$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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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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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 **John Scott** 1-11-07 321-638-3949
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #