

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M41279

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** BUCK ROGERS MANUFACTURERS REPRESENTATIVES, INC.

**Current Principal Place of Business:**

106 BROOKHILL DR  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

3603 SW. PITCH WAY  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 59-2737291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, JOHN  
106 BROOKHILL DR  
COCOA, FL 32926 US

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

SCOTT, JOHN E  
106 BROOKHILL DR  
COCOA, FL 32926 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: JOHN E. SCOTT

03/16/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORT, LEON  
Address: 3603 SW. PITCH WAY  
City-St-Zip: PALM CITY, FL 34990

Title: STD ( ) Delete  
Name: CORT, KATHLEEN  
Address: 3603 SW. PITCH WAY  
City-St-Zip: PALM CITY, FL 34990

Title: P ( ) Delete  
Name: SCOTT, JOHN  
Address: 106 BROOKHILL DR  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SCOTT, JOHN E  
Address: 106 BROOKHILL DR  
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEON CORT

D

03/16/2009

Electronic Signature of Signing Officer or Director

Date