2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P00000105212 ROGER JULIAN, INC. Principal Place of Business Mailing Address 1900 BAYSHORE CT SAFETY HARBOR, FL 34695 1900 BAYSHORE CT SAFETY HARBOR, FL 34695 04152005 No Chg-P CB2F034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3681070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JULIAN, ROGER DO NOT WRITE 1900 BAYSHORE CT SAFETY HARBOR, FL 34695 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. Signature, typed or printed name of registered agent and title if applicab (NOTE, Registered Agent signature regulted when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE JULIAN, ROGER NAME STREET ADDRESS 1900 BAYSHORE CT U00000322741 04/22/05-80026-009 150.00 CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 empty ared 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 empty were de-

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED