2004 FOR PROFIT CORPORATION

Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-07-2004 90007 012 ***150.00 **DOCUMENT # P02000134920** ROGUS CORPORATION Mailing Address Principal Place of Business 125 ROANN DRIVE 125 ROANN DRIVE OVIEDO, FL 32765 OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092004 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 45-0494479 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENITEZ, AGUSTIN R Street Address (P.O. Box Number is Not Acceptable) 1223 EAST CONCORD STREET ORLANDO, FL 32803 Zip Code cot . 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. Francis Buds SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT Addition ☐ Delete ☐ Change TITLE AGUSTIN-R.-BENITEZ NAME NAME 125 ROAMN DRIVE STREET ADDRESS STREET ADDRESS Oviedo FLUNIDA 32765 CITY-ST-ZIP CITY-ST-ZIP VICE-PARSIDENT ☐ Delete Addition TITLE TITLE ☐ Change Roger B. Butcher NAME NAME 1223 U. CONCORD ST. STREET ADDRESS STREET ADDRESS 0 LLA ~ do Fl. 3280] CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP TITLE ☐ Delete

12. I hereby certify that the information supplied with this filing does not coallify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied end to the composition of the corporation or the receiver or trustee empowered the execute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactprient with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP table to the state of the state of

NAME 4.7.

STREET ADDRESS

IG OFFICER OR DIRECTOR

FILED