2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P03000144247** 1. Entity Name ROGER B. HARTLEY AND SONS INC. Mailing Address Principal Place of Business P.O.BOX 23131 P.O.BOX 23131 JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32241 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 56-2423702 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARTLEY, ROGER B DO NOT WRITE 4175 LIVINGSTON RD JACKSONVILLE, FL 32257 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE NAME HARTLEY, ROGER B P.O.BOX 23131 STREET ADDRESS City ST-ZIP JACKSONVILLE, FL 32241 000000349624 05/02/05-80073-005 150.00 TITLE HARTLEY, YANCY NAME 4175 LIVINGSTON RD STREET ADDRESS CITY ST-ZIP JACKSONVILLE, FL 32257 TITLE HARTLEY, JUSTIN F NAME STREET ADDRESS 4175 LIVINGSTON RD DO NOT WRITE CITY ST-ZIP JACKSONVILLE, FL 32257 IN THIS SPACE DOE NAME STREET ADDRESS CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

OR DIRECTOR

THLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

Daytime Phone #

FILED