2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000082547

1. Entity Name
ROGERS RACING, INC.

Principal Place of Business	Mailing Address
4138 OLD WINTER GARDEN RD ORLANDO, FL 32805	4138 OLD WINTER GARDEN RD ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3276624	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, CARTER A
600 E COLONIAL DR, 310
ORLANDO, FL 32803

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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
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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROGERS, DAVID S
STREET ADDRESS	17553 DEER ISLE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL

TITLE	SD
NAME	POWELL, CHARLOTTE
STREET ADDRESS	12117 ELBERT ST
CITY-ST-ZIP	CLERMONT, FL

000000192104
01/25/05-80006-004 150.00

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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 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: _____ Corp. Sec. 1/19/05 407-295-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #