2005 FOR PROFIT CORPORATION

June03, 2005 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P95000037785 THE ROGERS GROUP OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 73 S. PALM AVE. PO BOX 15592 SARASOTA, FL 34277 SARASOTA, FL 34236 US 05312005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3313681 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGERS, ANGUS C DO NOT WRITE 73 S. PALM AVE **SUITE 223** IN THIS SPACE SARASOTA, FL 34236 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 SIGNATURE_ (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE ROGERS, ANGUS C NAME 73 S. PALM AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 VSTD TITLE ROGERS, RITA C NAME U00000368947 06/03/05-80004-023 150.00 16034 WESTERHAM DRIVE STREET ADDRESS CITY-SI-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(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 eath; 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 attactment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED