## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # V71210**

1. Entity Name

G. DAVID ROGERS AND ASSOCIATES, INC.



Principal Place of Business

214 S. MONROE STREET TALLAHASSEE, FL 32301

211

Mailing Address

P. O. BOX 11026

TALLAHASSEE, FL 32302 U

US

## FILED Mar 25, 2005 8:00 am Secretary of State

03-25-2005 90041 042 \*\*\*150.00

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### DO NOT WRITE IN THIS SPACE

 
 03212005
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 59-3147220
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, G. DAVID 214 S. MONROE STREET TALLAHASSEE, FL 32301

# DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	office or	registered agent, or both, in	the State of Florida. I am familiar with, and accept	ıt
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	kgent signatur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P G DAVID ROGERS 214 S. MONROE STREET TALLAHASSEE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, HARDIE 214 S. MONROE STREET TALLAHASSEE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		a del companio am e como	بيغم مستوادي وسني	DO-N	OT-WRITE-	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;	IN TH	IIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3g			
TITLE NAME STREET ADDRESS CITY-SI-ZIP						

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED OME OF SIGNING OFFICER OR DIRECTOR

850481-0496 Daytime Phone #