


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

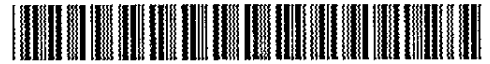
**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000001226  
 1. Entity Name  
 ADVANCED ENGINEERING RESOURCES, INC.



Principal Place of Business PO BOX 1277 MADISON, MS 39130	Mailing Address PO BOX 1277 MADISON, MS 39130
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0877506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD JONES, JERRY L 120 SOLLEFTEA DRIVE MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ROGERS, GARY J 120 SOLLEFTEA DRIVE MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/07/04-80007-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Jerry L. Jones 1/5/04 (601) 853-3006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #