

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State



DOCUMENT # P93000023241				1. Entity Name		JOHN W. ROGERS ENTERPRISES, INC.	
Principal Place of Business				Mailing Address			
12555 N WATER WAY DUNNELLON FL 34433 US				PO BOX 83 DUNNELLON FL 34430 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				4. FEI Number		59-3183836	
						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				7. Name and Address of New Registered Agent			
EDWARDS, TED B 12555 N. WATER WAY DUNNELLON FL 34433				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
<p>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.</p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____</p> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</p>							
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>				<p>9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. <input type="checkbox"/> Added to Fees</p>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	U00000429151	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ROGERS, JOHN W			NAME	02/21/06-80074-007 158.75		
STREET ADDRESS	12555 N. WATER WAY			STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34433			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ROGERS, DOROTHY			NAME			
STREET ADDRESS	12555 N. WATERWAY			STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34433			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John W. Rogers* *John W. Rogers* 2/10/06 359-465-4364