

03-17-2003 90679 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000023241

1. Entry Name
JOHN W. ROGERS ENTERPRISES, INC.

Principal Place of Business
**12555 N WATER WAY
 DUNNELLON, FL 34433 US**

Mailing Address
**12555 N WATER WAY
 DUNNELLON, FL 34433 US**

2. Principal Place of Business

3. Mailing Address
P.O. Box 83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dunnellon, FL

Zip

County

Zip
34430

County
Marion



CHECK HERE IF MAKING CHANGES

4. FEI Number
50-3183838

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
**EDWARDS, TED B
 256 SOUTH ORANGE AVENUE, CITRUS CENTER
 SUITE 800
 ORLANDO, FL 32801**

Name
John Rogers

Street Address (P.O. Box Number Not Acceptable)

12555 N. Water Way

City
Dunnellon

FL Zip Code
34433

8. The above named entry 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 my registered agent.

SIGNATURE

John W Rogers

DATE
3/14/03

Signature must be printed name of registered agent and the registrant. (NOTE: Registered Agent signature is required when submitting)

9. Election Campaign Handling Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------|---------------------|---------------------|--------------------------|--------------------------|
| OP | ROGERS, JOHN W | 5106 S POINTE DRIVE | INVERNESS, FL 34450 | <input type="checkbox"/> | <input type="checkbox"/> |
| S | ROGERS, DOROTHY | 5106 S POINTE DRIVE | INVERNESS, FL 34450 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|--------------------|--------------------|-------------------------------------|--------------------------|
| | | 12555 N. Water Way | Dunnellon FL 34433 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 12555 N. Water Way | Dunnellon FL 34433 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 registrant 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 my address, with all other like empowered.

SIGNATURE:

John W Rogers

DATE
3/14/03

PHONE
352-465-4364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business Phone #

032E034 (10/02)