

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 032 ***150.00

DOCUMENT # 177794

1. Entity Name

F.H. ROGERO CO., INC.



Principal Place of Business

142 KING STREET
1452 A AND 142 B
ST AUGUSTINE FL 32080 *

Mailing Address

3308 HALEY POINTE ROAD
VISTA COVE CONDOS
SAINT AUGUSTINE FL 32084
US

2. Principal Place of Business

142 KING ST.

3. Mailing Address

3308 HALEY POINTE RD.

Suite, Apt. #, etc.

142 A & 142 B

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

Zip

3208 #*

Country

U.S.A.

Zip

32084.

Country

U.S.A.

4. FEI Number

59-0718001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGER JOYCE D
3 PARK TERRACE DRIVE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

JOYCE D. ROGERO

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

3308 HALEY POINTE ROAD

VISTA COVE CONDOS

City

ST. AUGUSTINE

FL

Zip Code

32084

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

Joyce D. Rogero
Signature, typed or printed name of registered agent and title if applicable.

JOYCE D. ROGERO, PRES.
(NOTE: Registered Agent signature required when reinstating)

DATE

March 24/04.

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERO, JOYCE D.	
STREET ADDRESS	3 PARK TERRACE DR. X	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RICHARDSON, JULIA R	
STREET ADDRESS	5745 HUFF RD.	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE D. ROGERO	
STREET ADDRESS	3308 HALEY PT. RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Joyce D. Rogero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar 24/04

Daytime Phone #

681-222-9022