

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90077 044 \*\*\*150.00

DOCUMENT # 177794

1. Entity Name  
F.H. ROGERO CO., INC.



Principal Place of Business  
142 KING ST  
1452 A AND 142 B  
SAINT AUGUSTINE, FL 32084 US

Mailing Address  
17 PACIFIC STREET  
SUITE A  
SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-P

CR2E034 (12/06)

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

ROGERO, JOYCE D  
~~3308 HALEY POINTE ROAD~~  
~~VISTA COVE CONDOES~~  
ST AUGUSTINE, FL ~~32084~~

7. Name and Address of New Registered Agent

Name ROGERO, JOYCE D.  
Street Address (P.O. Box Number is Not Acceptable)  
496 MENTONG STREET  
City ST. AUGUSTINE FL Zip Code 32086

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERO, JOYCE D.	
STREET ADDRESS	3308 HALEY POINTE RD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	STD	<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERO, JOYCE D.	
STREET ADDRESS	496 MENTONG STREET	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
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 exemptions contained in Chapter 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:

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

Jan 15, 2008 (904) 797-1794  
Date Daytime Phone