

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 022 ***150.00

DOCUMENT # 182742 1. Entity Name ROTAY CO.			
Principal Place of Business 4545 ORTEGA BLVD JACKSONVILLE, FL 32210-6014 US		Mailing Address 4545 ORTEGA BLVD JACKSONVILLE, FL 32210-6014 US	
2. Principal Place of Business 4739 Ortega Forest Dr. Suite, Apt. #, etc.		3. Mailing Address 4739 Ortega Forest Dr. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip Country 32210-7522		City & State Jacksonville, FL Zip Country 32210-7522	
4. FEI Number 59-0729327		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, JOHN H. 4545 ORTEGA BLVD JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4739 Ortega Forest Drive City FL Zip Code 32210-7522	
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 <u>John H. Rogers</u> John H. Rogers Feb 6, 2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing 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	PD ROGERS, JOHN H. 4545 ORTEGA BLVD JACKSONVILLE, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD ROGERS, REBECCA Y 4545 ORTEGA BLVD JACKSONVILLE, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, JONATHAN Y 4545 ORTEGA BLVD JACKSONVILLE, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
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: <u>John H. Rogers</u> John H. Rogers Feb 6, 2006 904-346-5450 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			