

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 231330**

1. Entity Name  
**RODGERS CORNERS INC**



Principal Place of Business  
**2101 STARKEY RD  
BLDG L-10  
LARGO, FL 33771 US**

Mailing Address  
**1724 INDIAN ROCKS RD.  
BELLEAIR, FL 33756 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-0882744**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, AUDREY E  
1724 INDIAN ROCKS RD  
BELLEAIR, FL 33756**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME RODGERS, LENARD E.  
STREET ADDRESS 2118 ROYAL FERN CT  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE P ☐ Delete  
NAME RODGERS JR, T PATRICK  
STREET ADDRESS 4195 S SHADE AVE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ST ☐ Delete  
NAME RODGERS, AUDREY E  
STREET ADDRESS 1724 INDIAN ROCKS RD  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE AVP ☐ Delete  
NAME RODGERS, GREGORY P  
STREET ADDRESS 2130 DEER HOLLOW CIR  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE AS ☐ Delete  
NAME JAESCH RODGERS, CHERI  
STREET ADDRESS 513 GIVENS AVE  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0000000342438  
03/11/08-80031-004 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #