2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231330

Entity Name: RODGERS CORNERS INC

FILED Mar 20, 2009 Secretary of State

Littly Na	ille. KODGEI	RS CORNERS INC				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
2101 STAF	RKEY RD					
BLDG L-10	0					
LARGO, F	L 33771 U	S				
Current Mailing Address:			New Maili	New Mailing Address:		
1724 INDIA	AN ROCKS RI). D.				
	, FL 33756	ÜS				
FEI Number	: 59-0882744	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
1724 INDIA	S, AUDREY E AN ROCKS RI , FL 33756					
	named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
		nic Signature of Registered A		 Date		
Election Car		g Trust Fund Contribution ().	·			
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS		
Title:	VP () Delete	Title:	() Change () Addition		
Name:	RODGERS, LE		Name:	()ge ()		
Address:	2118 ROYAL F	ERN CT	Address:			
City-St-Zip:	LONGWOOD,	FL 32779	City-St-Zip:			
Title:	Р () Delete	Title:	() Change () Addition		
Name:	RODGERS JR		Name:	() Sharige () / tadaten		
Address:	4195 S SHADE		Address:			
City-St-Zip:	SARASOTA, F		City-St-Zip:			
Title:	ST () Delete	Title:	() Change () Addition		
Name:	RODGERS, AL		Name:	() Shange () Addition		
Address:	1724 INDIAN F		Address:			
City-St-Zip:	CLEARWATER		City-St-Zip:			
T:41-	AVD () Delete	T :41	() Ohanna () 0 dditi		
Title:	,) Delete	Title:	() Change () Addition		
Name:	RODGERS, GI		Name:			
Address: City-St-Zip:	2130 DEER HO LONGWOOD,		Address: City-St-Zip:			
J. C. Z.p.	20.100000,		Oit, Ot 21p.			
Title:) Delete	Title:	AS (X) Change () Addition		
Name:	JAESCH RODO	SERS CHERI	Name:	JAESCH RODGERS, CHERI		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

505 S. ORANGE AVE #603

City-St-Zip: SARASOTA, FL 34246

SIGNATURE: AUDREY E. RODGERS ST 03/20/2009

513 GIVENS AVE

City-St-Zip: SARASOTA, FL 34242

Address: