

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 259494		
1. Entity Name ROGERS WIRE COMPANY, INCORPORATED		
Principal Place of Business 1901 MIRACLE LANE JACKSONVILLE, FL 32225	Mailing Address 1901 MIRACLE LANE JACKSONVILLE, FL 32225	
DO NOT WRITE IN THIS SPACE		



03272006 No Chg-P CR2E034 (11/05)

4. FE Number 59-1022095	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERNARD, ELIZABETH 1901 MIRACLE LANE JACKSONVILLE, FL 32225
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IN THIS SPACE**

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	(NOTE: Registered Agent signature required when reinstating)	DATE			
<table border="1"> <tr> <td>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</td> <td>9. Election Campaign Financing Trust Fund Contribution. ☐</td> <td>\$5.00 May Be Added to Fees</td> </tr> </table>			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
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10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	BERNARD, DAN N
STREET ADDRESS	1901 MIRACLE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	BERNARD, ELIZABETH R
STREET ADDRESS	1901 MIRACLE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	ROGERS, LOUISE
STREET ADDRESS	1911 MIRACLE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80087-009 150.00

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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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Dan N. Bernard</u>	<u>4/6/06</u> (904) 642-2798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	