
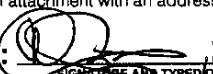


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 022 ***150.00

DOCUMENT # 324965 1. Entity Name ROGERS BROTHERS FRUIT COMPANY, INC.					
Principal Place of Business BOX 237 HWY 98 HIGHLAND CITY, FL 33846			Mailing Address BOX 237 HWY 98 HIGHLAND CITY, FL 33846		
2. Principal Place of Business - No P.O. Box # 5431 U.S. Hwy 98 South Suite, Apt. #, etc.		3. Mailing Address P.O. Box 237 Suite, Apt. #, etc.			
City & State Lakeland, FL Zip 33812		City & State Highland City, FL Zip 33846		4. FEI Number 59-1199309	
Country Polk		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, O.W. HWY 98, BOX 237 HIGHLAND CITY, FL 33846			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VTD ROGERS, O.W. 5125 LAKELAND HIGHLANDS LAKELAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD O.W. Rogers 5125 Lakeland Highlands Rd. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROGERS, C.D. 5105 LAKELAND HIGHLANDS RD. LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD C.D. Rogers 5105 Lakeland Highlands Rd. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN S 4620 LAKE HANCOCK RD LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John S. Rogers 4620 Lake Hancock Rd. Lakeland, FL 33812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WILLIAM T 4740 LAKE HANCOCK RD LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William T. Rogers 4740 Lake Hancock Rd. Lakeland, FL 33812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  President C.D. ROGERS			1/29/07 863-646-5187		