
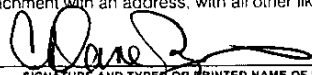


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 022 ***150.00

DOCUMENT # 324965 1. Entity Name ROGERS BROTHERS FRUIT COMPANY, INC.					
Principal Place of Business 5431 US HWY 98 SOUTH LAKELAND, FL 33812			Mailing Address PO BOX 237 HIGHLAND CITY, FL 33846		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1199309	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROGERS, C.D. 5105 LAKELAND HIGHLANDS RD. LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN S 4620 LAKE HANCOCK RD LAKELAND, FL 33812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WILLIAM T 4740 LAKE HANCOCK RD LAKELAND, FL 33812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O.W. Rogers 5125 Lakeland Highlands Rd. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD C.D. Rogers 5105 Lakeland Highlands Rd. Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John S. Rogers 4620 Lake Hancock Rd. Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD William T. Rogers 4740 Lake Hancock Rd. Lakeland, FL 33812	<input checked="" 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: 		C.D. Rogers		1/21/08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	