

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 005 \*\*\*150.00

**DOCUMENT # 445237**  
 1. Entity Name  
**BOB ROGERS REALTY, INC.**



Principal Place of Business: **11990 S. WILLIAMS ST #1 DUNNELLON FL 34432 US**  
 Mailing Address: **P.O. BOX 2330 P.O. BOX 4 DUNNELLON FL 34430-2330 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **P.O. Box 4**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Dunnellon, Fla.**  
 Zip: **34430** Country: **USA**

4. FEI Number: **59-1545363**  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DULEY, CONSTANCE R**  
**11990 S. WILLIAMS ST - #1**  
**DUNNELLON FL 34431**

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: \_\_\_\_\_  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> <input type="checkbox"/> Delete	NAME: <b>DULEY, CONSTANCE R</b> STREET ADDRESS: <b>11990 S. WILLIAMS ST - #1</b> CITY-ST-ZIP: <b>DUNNELLON FL 34431</b>
TITLE: <b>VP</b> <input checked="" type="checkbox"/> Delete	NAME: <b>ROGERS THELMA</b> STREET ADDRESS: <b>11990 S. WILLIAMS ST. - #1</b> CITY-ST-ZIP: <b>DUNNELLON FL</b>
TITLE: <b>-</b> <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>James W. Duley</b> STREET ADDRESS: <b>11990 S. Williams St</b> CITY-ST-ZIP: <b>Dunnellon, Fla. 34432</b>
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: **Constance R. Duley / Constance R. Duley** 44806 352-489-4422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #