


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 445237</b> 1. Entity Name: BOB ROGERS REALTY, INC.	
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**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 11990 S. WILLIAMS ST #1 DUNNELLO, FL 34431 US	Mailing Address 11990 S WILLIAMS ST. SUITE 1 DUNNELLO, FL 34431 US
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09092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1545363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

DULEY, CONSTANCE R  
 11990 S. WILLIAMS ST-  
 #1  
 DUNNELLO, FL 34431

DO NOT WRITE  
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: *Constance R. Duley*      DATE: Sept. 9-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DULEY, JAMES W 11990 S. WILLIAMS ST - #1 DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, THELMA 11990 S. WILLIAMS ST. - #1 DUNNELLO, FL 34431
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U00000953643  
09/15/08-80001-008 150.00

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: *Constance R. Duley*      DATE: Sept. 9-08      DAYTIME PHONE #: 352-489-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #