## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # F8  1. Entity Name  JOHN B. ROGERS, P.A.	3312			108 003 ***150.00	
Principal Place of Business % JOHN B ROGERS, ESQ. 1881 UNIVERSITY DRIVE, STE 100 CORAL SPRINGS, FL 33071	Mailing Address  % JOHN B ROGERS, ESQ. 1881 UNIVERSITY DRIVE, S CORAL SPRINGS, FL 3307		40003674	( \$18)) 8(9)) 8(9) 8(9) 8(9) 810(80) ( 100)	
2. Principal Place of Business - No 5521 UNT VRSTTY I Suite, Apt. #, etc.	DRIVE 5521 UNIVERSIT	3. Mailing Address 5521 UNIVERSITY DRIVE Suite, Apt. #, etc.			
SUITE: 104	SUITE 104	· ·		CR2E034 (12/06)  Applied For	
City & State CORAL SPRINGS, FI		CORAL SPRINGS F L		Not Applicable	
Zip Countr 33067	y Zip 33067	Coนิกให้ร <sup>ัฐ</sup>	5. Certificate of Status Desired	S8.75 Additional Fee Required	
	iress of Current Registered Agent	Name	7. Name and Address of New Regi	stered Agent	
ROGERS, JOHN B., ESQ. 1881 UNIVERSITY DRIVE, STE 100 CORAL SPRINGS, FL ·33071			ROCERS, JOHN B., ESQ. Street Address (P.O. Box Number is Not Acceptable). 5521 UNIVERSITY DRIVE SUITE 194:		
		City COPAT S	DDTMCS	FL Zip Code	
8. The above named entity submits the states of 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, typical primed name of registered agent and title if applying (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
	······································	11.	ADDITIONS/CHANGES TO OFFICE		
NAME ROGERS, JOHN 6		NAME PD ROG	ERS, JOHN B.	Change 🔲 Addition	
STREET ADDRESS 1881 UNIVERSITY CITY-SI-ZIP CORAL SPRINGS			1 UNIVERSITY DRIVE, AL SPRINCS FL 33067	SUITE 104	
DILE	☐ Delete	TILE NAME	HOUSE LT SOUTH	Change Addition	
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP TITLE		CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME	□ Detate	NAME			
SIREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CUA 21 - Stb		☐ Change ☐ Addition	
TITLE NAME	☐ Delete	NAME		Change Addition	
STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS CITY ST-ZIP			
nne	☐ Delete	fitte		Change Addition	
NAME STREET ADDRESS CITY-ST-TIP	·	NAME SIREET ADDRESS CITY-SI-ZIP			
12. I hereby certify that the information supplied with this filter 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 finature shall have the same legal effect as it made under oath; that I am an officer or director of the comporation or the receiver or here the encoder of the composition of the com					
SIGNATURE: 1/10/08 954-752-9198					
BIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysing Prone of					