

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19993

Entity Name: MICHAEL ROGERS, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

415 SOUTH ORLANDO AVENUE  
SUITE 4-1  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

415 SOUTH ORLANDO AVENUE  
SUITE 4-1  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 59-2462021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROGERS, MICHAEL  
415 SOUTH ORLANDO AVENUE  
SUITE 4-1  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ROGERS, MICHAEL,  
Address: 1415 BUCKINGHAM RD  
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete  
Name: ROGERS, MICHAEL,  
Address: 1415 BUCKINGHAM RD  
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete  
Name: RAMSDELL, MARK PATRICK  
Address: 1470 ADRIEL LN  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: NAGY, COLEEN  
Address: 1998 KENASTON RD.  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: RIEMAN, PETER  
Address: 1158 CARMEL CIRCLE, # 300  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLEEN NAGY

T

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date