2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 A Secretary of State

ANITUAL REPURI					T CD 23, 2000 00.			
DOCUMENT # H29026 1. Entity Name RICHARD S. ROGERS, D.C., CHARTERED						Secret	ary of S	
1571 AUROI	ce of Business RA RD E, FL 32935	Mailing Address 1571 AURORA RD MELBOURNE, FL 32935			IR JURIE JURIE BRAID REID BUI		480 EURAU K 188	
DO NOT WRITE IN THIS SPA			CE	02182008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-2463658 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ROGERS, RICHARD S 1571 AURORA RD MELBOURNE, FL 32935 8. The above named entity submits this statement for the purpose of changing its registere			DO NOT WRITE IN THIS SPACE					
	sharried entity substrits this statement for tions of registered agent. Signature, typed or printed name of registored agent at		ed office or register . d Agent signature required		in, in the state of Fic	DATE	ir with, and accept	
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND D	PRECTORS	I		1	*		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROGERS, RICHARD S. 1571 AURORA RD MELBOURNE, FL 32935				U00000 03/06/08-)839985 -80030-01	1 150 OO	
STREET ADORESS CITY-SI-ZIP TITLE							. 100.00	
NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. 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 in 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 interpretation 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 compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if compared to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: 1 LESQ

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

*321-254-174*4

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