2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2006 08:00 AM DOCUMENT # J55315 **Secretary of State** 1. Entity Name ROGER'S LINEN SERVICE, INC. Principal Place of Business Mailing Address 232 DOUGLAS AVE. DUNEDIN FL 34698 232 DOUGLAS AVE. DUNEDIN FL 34698 2. Principal Prace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2790881 Not Applicable Zιο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERS, VICTOR Street Address (P.O. Box Number is Not Acceptable) 232 DOUGLAS AVE DUNEDIN FL 33528 City Zia Cade 3. 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. DATE (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Feas Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete DEF Addition | NAME ROGERS, VICTOR STREET ADDRESS 1297 SPAULDING RD STREET AUDRESS CITY-S1-ZIP CITY-SI-ZIP DUNEDIN FL Change Addition 🔲 TITLE SO ☐ Delete TITLE U00000485503 04/12/06-80085-016 150.00 ROGERS, AUDREY NAME NAME STREET ADDRESS 531 LEXINGTON ST STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-S1-ZIP THILE ☐ Delete 3373.5 Addition NAME NAME ROGERS, CLIFFORD STREET ADDRESS STREET ADDRESS 1297 SPAULDING RD C) TY - ST - Z)P CITY - ST-ZIP DUNEDIN FL ☐ Change ☐ Addition TITLE ☐ Celefe RELE NAME NAME STREET ADDRESS STREET ADDRESS City-51-719 C179 - ST - Z17 Oelete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Addition TITLE TATALE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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:

Viter E Roger Ola.

3-28-06 777-734-3858

FILED