

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90169 042 ***150.00

DOCUMENT # M84922

1. Entity Name

ROGER'S CUSHIONS, INC.



Principal Place of Business

410 3RD LANE SW
VERO BEACH FL 32962
US

Mailing Address

410 3RD LANE SW
VERO BEACH FL 32962
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 65-0055991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTZ, PAMELA HIERS
410 3RD LANE SW
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> Delete |
| NAME | BUTZ, PAMELA HIERS | |
| STREET ADDRESS | 410 3RD LANE SW | |
| CITY, ST, ZIP | VERO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUTZ, PAMELA HIERS | |
| STREET ADDRESS | 410 3RD LANE SW | |
| CITY, ST, ZIP | VERO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BUTZ, THOMAS A. | |
| STREET ADDRESS | 410 3RD LANE SW | |
| CITY, ST, ZIP | VERO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HINES, KELLY K | |
| STREET ADDRESS | 410 3RD LANE SW | |
| CITY, ST, ZIP | VERO BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

Hiers, Kelly K

☒ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kelly Hiers Kelly Hiers

4-9-07 772-562-7894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #