

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90011 042 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P00000063437

1. Entity Name  
 ROGER ENTERPRISES, INC.



Principal Place of Business  
 7110 S KIRKMAN ROAD  
 ORLANDO, FL 32837

Mailing Address  
 11215 CRYSTAL GLEN BLVD.  
 ORLANDO, FL 32837

44049959



07212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 59-3656369

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

## 8. Name and Address of Current Registered Agent

WARRIS, STEPHEN  
 11122 HEATHCLIFF ST  
 ORLANDO, FL 32837  
 11215 CRYSTAL GLEN BLVD.  
 ORLANDO, FL 32837

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9. 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 reappointing)

DATE

**FILE NOW!!! FEES \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
 corporation did not receive the prior notice.

## OFFICERS AND DIRECTORS

TITLE PT  
 NAME WARRIS, STEPHEN  
 STREET ADDRESS 11122 HEATHCLIFF ST  
 CITY-ST-ZIP ORLANDO, FL 32837  
 11215 CRYSTAL GLEN BLVD  
 ORLANDO, FL 32837

TITLE VS  
 NAME WARRIS, ANITA  
 STREET ADDRESS 11122 HEATHCLIFF ST  
 CITY-ST-ZIP ORLANDO, FL 32837  
 11215 CRYSTAL GLEN BLVD  
 ORLANDO, FL 32837

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN WARRIS

7/19/04

(407) 856-4304

Daytime Phone #

Received Time Jul. 21. 9:22AM