


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064351
 1. Entity Name
 ROGERO FARMS, INC.



Principal Place of Business
 505 COUNTY ROAD 13A SOUTH
 ELKTON, FL 32033

Mailing Address
 505 COUNTY ROAD 13A SOUTH
 ELKTON, FL 32033

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3864353

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROGERO, DONALD
 505 COUNTY ROAD 13A SOUTH
 ELKTON, FL 32033

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signatures required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000105223
 04/07/04-80017-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERO, DONALD
STREET ADDRESS	505 COUNTY ROAD 13A SOUTH
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	TS
NAME	ROGERO, MARIANNE
STREET ADDRESS	505 COUNTY ROAD 13A SOUTH
CITY-ST-ZIP	ELKTON, FL 32033
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 19.07(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: *Donald M. Rogero* Donald M. Rogero - 4-6-04 - 904-824-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #