

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011523

Entity Name: ROGERS INSURANCE, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

9119-8 MERRILL ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9119-8 MERRILL ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 01-0611581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, NELSON
2191 GAIL AVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

ROGERS, NELSON
14935 FERN HAMMOCK DR W
JACKSONVILLE, FL 32258 US

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.

SIGNATURE: NELSON ROGERS

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROGERS, NELSON W PRES
Address: 9119-8 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ROGERS

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date