

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000016813

1. Entity Name  
ROGERS BUILDERS, INC.



Principal Place of Business

4700 SW 61ST AVE  
DAVIE, FL 33314

Mailing Address

1314 E LAS OLAS BLVD STE 333  
FT LAUDERDALE, FL 33301

FILED

05 APR 15 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0466240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM M  
1314 E LAS OLAS BLVD STE 333  
FT LAUDERDALE, FL 33301

DO NOT WRITE  
IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROGERS, WILLIAM M  
STREET ADDRESS 1314 E LAS OLAS BLVD STE 333  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700052067207  
04/26/05--01010--006 \*\*500.00

DO NOT WRITE  
IN THIS SPACE

*WR 4/22*

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

3/29/05

Date

954-524-7668

Daytime Phone #