

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90029 038 ***150.00

DOCUMENT # P02000023288

1. Entity Name
REGDOR, INC.



Principal Place of Business

5904 MARINA DRIVE
HOLMES BEACH, FL 34217

Mailing Address

5162 55TH STREET CIRCLE WEST
BRADENTON, FL 34210

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0621756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

ROCKLEIN, JOSEPH E III
800 SOUTH OSPREY AVENUE
SARASOTA, FL 34236

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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 P
NAME RODGER, WM. ALVA
STREET ADDRESS 5162 55TH STREET CIRCLE WEST
CITY-ST-ZIP BRADENTON, FL 34210

TITLE VP
NAME RODGER, ODETTE FAITH R
STREET ADDRESS 5162 55TH STREET CIRCLE WEST
CITY-ST-ZIP BRADENTON, FL 34210

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

W.A. Rodger W.A. RODGER 5/23/05 941 752 7120