2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000034034

1. Entity Name

ROGER'S BEACH DEVELOPMENT INC.



Principal Place of Business

200 BRIGHTWATER DR #2 CLEARWATER BEACH, FL 33767 Mailing Address

200 BRIGHTWATER DR #2 CLEARWATER BEACH, FL 33767 FILED Jan 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P

CR2E034 (11/05)

4, FEI Number 03-0426446

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ROGERS, ROLAND J 200 BRIGHTWATER DR #2 CLEARWATER BEACH, FL 33767

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 little if	applicable. (NOTE: Registered	Agent signaturi	a required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000606305 01/30/07-80072-019	150.00	
10.	OFFICERS AND DIRECTORS						
TITLE	PST			•			
NAME	ROGERS, ROLAND J		ŀ				
STREET ADDRESS	200 BRIGHTWATER DR #2		ļ				
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767						
TITLE							
NAME					•		
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME		,					
STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·	NOT WRITE	,	
CITY-ST-ZIP				DO NOT WRITE			
TITLE				IN '	THIS SPACE		
NAME				114	THO OF AGE		
STREET ADDRESS							
CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/6-7 (721) 4479637