

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90173 047 \*\*\*150.00

|                                                             |  |                                                                                   |
|-------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000109334</b>                              |  |  |
| 1. Entity Name<br><b>R &amp; O BOGERS ENTERPRISES, INC.</b> |  |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>2760 CENTRAL AVE<br/>ST PETERSBURG, FL 33712</b> | Mailing Address<br><b>2760 CENTRAL AVE<br/>ST PETERSBURG, FL 33712</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business<br><b>7602 Sequoia Drive</b> | 3. Mailing Address<br><b>7602 Sequoia Drive</b> |
| Suite, Apt. #, etc.                                         | Suite, Apt. #, etc.                             |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| City & State<br><b>New Port Richey, FL</b> | City & State<br><b>New Port Richey, FL</b> |
| Zip<br><b>34653</b>                        | Country<br><b>USA</b>                      |

**24071754**



04282004 Chg-P CR2E034 (10/03)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3301818-012 5839</b>                                                     | Applied For<br><input type="checkbox"/> No: Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                          |  |                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>BOGERS, ROGER<br/>2760 CENTRAL AVE<br/>ST PETERSBURG, FL 33712</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7602 Sequoia Drive</b><br>City<br><b>New Port Richey, FL</b> Zip Code<br><b>34653</b> |  |
|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

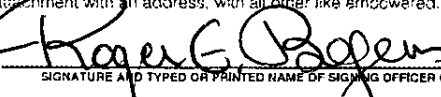
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and I accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                        |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br><b>DP<br/>BOGERS, ROGER<br/>2760 CENTRAL AVE<br/>ST PETERSBURG, FL 33712</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br><b>7602 Sequoia Drive<br/>New Port Richey, FL 34653</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br><b>D<br/>BOGERS, ODETTE<br/>2760 CENTRAL AVE<br/>ST PETERSBURG, FL 33712</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br><b>7602 Sequoia Drive<br/>New Port Richey, FL 34653</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  | <b>727 842 4534</b> | <b>4/30/04</b>  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date                | Daytime Phone # |