

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 003 ***150.00

DOCUMENT # P05000031082

1. Entity Name
P & M ROGERS INC



Principal Place of Business
**106 PINELLAS BAYWAY
TIERRA VERDE, FL 33715**

Mailing Address
**106 PINELLAS BAYWAY
TIERRA VERDE, FL 33715**

40036509



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2462603

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMARRE, MICHELLE M
4904 38TH WAY SO. APT. 213 P
ST. PETERSBURG, FL 33711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAMARRE, MICHELLE M**
CITY-ST-ZIP **4904 38TH WAY SO. APT. 213 P
ST PTETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition
NAME **LAMARRE, MICHELLE M**
STREET ADDRESS **8781 STONE HARBOR LOOP**
CITY-ST-ZIP **BRADENTON, FL 34212**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS, PAUL J**
CITY-ST-ZIP **4904 38TH WAY SO. APT. 213 P
ST PTETERSBURG, FL 33711**

TITLE ☒ Change ☐ Addition
NAME **ROGERS, PAUL J**
STREET ADDRESS **8781 STONE HARBOR LOOP**
CITY-ST-ZIP **BRADENTON, FL 34212**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOHN C ROGERS**
STREET ADDRESS **102 15TH AVE APT #4**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-07

241-468-3301

PAUL ROGERS V.P.