2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

| ANNOAL KLFOKI | | | | | Secretary or State | | | | | |
|---|-----------------------------|--|-------------------------------|--|--------------------|-------------------|-----------------------|----------------|--------------|--|
| DOCUMENT # P05000043577 1. Entity Name ROGERS LAWN SERVICE, INC. | | | | | • | 04-20-2006 | 90187 00 |)7 ***15 | 0.00 | |
| Principal Plac | e of Business | Mailing Address | | | | | | | | |
| 2377 S.W. COUNTY ROAD 360-A MADISON, FL 32340 | | 2377 S.W. COUNTY ROAD 360-A MADISON, FL 32340 | | ٠. | ٠ | | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04182006 | Chg-P | CR2E03 | 11/05) | | |
| City & State | | City & State | | | 4. FEI Numbe | | _ | <u> </u> | plied For | |
| Zip Country | | Zip Country | | | <i>⊗0-</i> , | 254243. | | NO 8.75 Add | t Applicable | |
| | | | ood, | | 5. Certificate | of Status Desired | | ee Require | | |
| Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New R | egistered A | gent | | |
| 200520 0.1117 | | | | | | | | | | |
| ROGERS, CLINT A 2377 S.W. COUNTY ROAD 360-A MADISON, FL 32340 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MADISON, FL 32340 | | | | | | | | | | |
| | | | City | | | | FL | Zip Cod | e | |
| 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 accepted obligations of registered agent. | | | | | | | | and accept | | |
| | | | | | | | | | | |
| 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, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Adde | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS | CHANGES TO OFF | CEDS AND | DIDECTOR | 2 (6) 4 4 | |
| TITLE | P | Delete | TITLE | | ADDITIONS/ | CHANGES TO OFF | | Change | Addition | |
| NAME | ROGERS, CLINT A | □ Delete | NAME | | | | | change | ☐ Addition | |
| STREET ADDRESS | 2377 S.W. COUNTY ROAD 360-/ | A | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MADISON, FL 32340 | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME Street address | | | NAME | | | | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | , <u> </u> | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | L boco | NAME | | | | | onenge | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | <u>_</u> | CITY-ST-ZIP | | | | | | | |
| TITLE NAME | | Delete | TITLE NAME | | | | | Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | * | ☐ Delete | TITLE | | | • | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | | | | 1 | |
| | | | CITY-ST-ZIP | | | | | ☐ (h | □ April | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | į | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | ! | |
| | | | | | | | | | | |

12. I hereby certify that the information supplied with this filling 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

Oate

Daytime Phone #