

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000050496

1. Entity Name
ROGO SOUTHWEST FLORIDA CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 AM 11:31

Principal Place of Business

771 S BARFIELD DR
MARCO ISLAND, FL 34145

Mailing Address

771 S BARFIELD DR
MARCO ISLAND, FL 34145

2. Principal Place of Business

20 Rose 2110 Imperial GCBIVR

3. Mailing Address

20 Rose 2110 Imperial GCBIVR



04182006

Chg-P

CR2E034 (11/05)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

52-2459497

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOLA, MARC
771 S BARFIELD DR
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name

Stanley F. Rose

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

2110 Imperial GCBIVR

City

Naples

FL

Zip Code

34110

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

Stanley F. Rose

Stanley F. Rose

4/24/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOBBERS, WALTER
771 S BARFIELD DR
MARCO ISLAND, FL 34145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, VP, ST
Gobbers, Walter
2110 Imperial GCBIVR
Naples, FL 34110

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

4/24/06

Date

2355663511

Daytime Phone #

4/25/06