
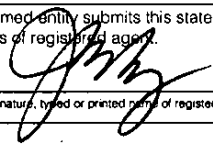
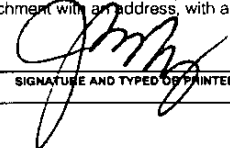


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90827 026 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P05000122203 1. Entity Name J.B. ROGERS DEVELOPMENT, INC. | | | |  | |
| Principal Place of Business 184 HUNTLEY OAKS BOULEVARD LAKE PLACID, FL 33852 US | | | Mailing Address POST OFFICE BOX 2800 LAKE PLACID, FL 33852 US | | |
| 2. Principal Place of Business - No P.O. Box # 9149 Lake Lynn Drive | | 3. Mailing Address Suite, Apt. #, etc. City & State Sebring, FL | | | |
| Suite, Apt. #, etc. City & State Sebring, FL | | Suite, Apt. #, etc. City & State Sebring, FL | | 4. FEI Number 20-3435613 | |
| Zip 33876 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROGERS, AMBERLEE P 184 HUNTLEY OAKS BOULEVARD LAKE PLACID, FL 33852 | | | 7. Name and Address of New Registered Agent Name Jason B. Rogers Street Address (P.O. Box Number is Not Acceptable) 9149 Lake Lynn Drive City Sebring FL Zip Code 33876 | | |
| 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:  DATE: 4-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVPD ROGERS, JASON B 184 HUNTLEY OAKS BOULEVARD LAKE PLACID, FL 33852 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROGERS, JASON B 184 HUNTLEY OAKS BOULEVARD LAKE PLACID, FL 33852 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVST Jason B. Rogers 9149 Lake Lynn Drive Sebring, FL 33876 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-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 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:  DATE: 4-26-07 DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |