

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-30-2007 90827 026 ***150.00

DOCUMENT # P05000122203

1. Entity Name
J.B. ROGERS DEVELOPMENT, INC.



Principal Place of Business
184 HUNTELY 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.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State

Zip 33876 Country USA

Zip Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3435613

Applied For
Not Applicable

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

ROGERS, AMBERLEE P
184 HUNTELY OAKS BOULEVARD
LAKE PLACID, FL 33852

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-26-07

**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 PVPD
NAME ROGERS, JASON B
STREET ADDRESS 184 HUNTELY OAKS BOULEVARD
CITY-ST-ZIP LAKE PLACID, FL 33852

Delete

TITLE DPVST
NAME Jason B. Rogers
STREET ADDRESS 9149 Lake Lynn Drive
CITY-ST-ZIP Sebring, FL 33876

Change Addition

TITLE ST
NAME ROGERS, JASON B
STREET ADDRESS 184 HUNTELY OAKS BOULEVARD
CITY-ST-ZIP LAKE PLACID, FL 33852

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

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

4-26-07

Date Daytime Phone #