

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122764

1. Entity Name  
ROGER DOUGLAS, INC



Principal Place of Business  
15375 SW 150TH LOOP  
LAKE BUTLER, FL 32054

Mailing Address  
15375 SW 150TH LOOP  
LAKE BUTLER, FL 32054

FILED  
07 SEP 18 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3430648

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOUGLAS, GERELENE  
15375 SW 150TH LOOP  
LAKE BUTLER, FL 32054

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DOUGLAS, ROGER  
STREET ADDRESS 15375 SW 150TH LOOP  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE SEC  
NAME DOUGLAS, GERELENE  
STREET ADDRESS 15375 SW 150TH LOOP  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*[Handwritten Signature]*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200109550352  
09/18/07--01015--008 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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

9/14/07  
Date

Daytime Phone #