2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 03, 2008 8:00 am Secretary of State

DOCUMENT # P0700004097 1. Entity Name DAN RODGERS, INC.									09-03-2008	90005 03	13 ***150	0.00	
Principal Place of Business 6060-69TH STREET E PALMETTO, FL 34222				Mailing Address 6060 69TH STREET E PALMETTO, FL 34222				-					
2. Principal Place of Business - No P.O. Box # 6108 Ft Hamer Road Suite, Apt. #, etc.				3. Mailing Address 6108 Ft Hamer Road Suite, Apt. #, etc.							, ,		
City & State				City & State				08232008 4. FEI Numi		CRZEO	34 (12/06) Ap	plied For	
Parrish Zip	FL	Country		Parrish FL Zip Country				13–4352418 Not Applicable \$8.75 Additional					
34219				23219 Mana			ee 5. Certificate of Status Desired Fee Required						
		and Address of Current	7. Name and Address of New Registered Agent Name										
RODGERS, DAN -6060-60TH-STREET E- PALMETTO, FL 34222							Street Address (P.O. Box Number is Not Acceptable) 6108 Ft Hamer Road						
							City Parrish FL 34219						
8. The above named entity submits this statement for the purpose of changing its registered office or registered									oth, in the State of Flo	orida. I am i			
the obligations of registered agent. SIGNATURE Dan Rodgers Pres Signature, typed or printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.							\$5. ! Adde	00 May Be ad to Fees	In accordance of corporation did	with s. 607 not receive	.193(2)(b), e the prior r	F.S., the notice.	
10.	10070	OFFICERS AND	DIRECTO					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CHY-ST-ZIP	PSTD RODGER	1				mer Road		Change	☐ Addition {				
TITLE	PALMETTO, FL 34222 CITY						Par	Parrish FL 34219 Change Addition					
NAME STREET ADORESS CITY-ST-ZIP	NAP											j	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- <u> </u>				.,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete		1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delcte							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	IE EET ADDRESS (-S1-ZIP					☐ Change	Addition	
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.													

Dan Rodgers,