


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90147 002 \*\*\*150.00

<b>DOCUMENT # P93000019565</b> 1. Entity Name <b>ROGERS P &amp; L ENTERPRISES, INC.</b>					
Principal Place of Business <b>3090 CHARLES AVENUE CLEARWATER, FL 33761 US</b>			Mailing Address <b>3090 CHARLES AVE CLEARWATER, FL 33761 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3171145</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROGERS, LINDA A</b> <b>3090 CHARLES AVE</b> <b>CLEARWATER, FL 33761</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGERS, PHILIP</b> <b>3418 TANGLEWOOD TERRACE</b> <b>PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Bonnie Jo Anderson</b> <b>5417 Leeward Lane</b> <b>New Port Richey, FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGERS, LINDA</b> <b>3418 TANGLEWOOD TERRACE</b> <b>PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Malloy, Timothy J</b> <b>2430 Indian Trl E</b> <b>Palm Harbor, FL 34683</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUPP, ROBERT</b> <b>1191 TAYLOR DR</b> <b>DUNEDIN, FL 34698</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Fuller, Kerry</b> <b>530 S Gulfview Blvd #504</b> <b>Clearwater, FL 33767</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIEG, WALTER R JR</b> <b>275 COUNTY ROAD 94</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COHEN, MARILYN</b> <b>1792 LAGO VISTA BLVD</b> <b>PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Queen, Jeffrey</b> <b>6041 Japonica Ct</b> <b>New Port Richey, FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANDERSON, WALTER T</b> <b>5417 LEEWARD LN</b> <b>NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Delete	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: <u>Linda A. Rogers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-27-07 727-726-3333 <small>Date Daytime Phone #</small>		