


FILED
Apr 11, 2008 8:00 am
Secretary of State

4000000000

DOCUMENT # P95000011931				04-11-2008 90063 035 ***150.00	
1. Entity Name ROGERS REALTY MANAGEMENT, INC.					
Principal Place of Business 1292 W. BAY DR. LARGO, FL 33770 US		Mailing Address P O BOX 376 LARGO, FL 33779-0376 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1292 WEST BAY DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LARGO, FL			
Zip		Country		Country	
33770		US		US	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ROGERS, THEODORE 1292 WEST BAY DR. LARGO, FL 33770		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL			
		Zip Code			
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 _____					
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
DPT ROGERS, THEODORE P 1292 WEST BAY DRIVE LARGO, FL 33770					
DVS ROGERS, DIANE 1292 WEST BAY DRIVE LARGO, FL 33770					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: _____ 4-8-08 737-587-9335					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					