

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015736

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: ROGERS GROVE SERVICE INC.

## Current Principal Place of Business:

HARDEE CO. F.  
1711 DANSBY RD  
WAUCHULA, FL 33873 US

## New Principal Place of Business:

## Current Mailing Address:

1711 DANSBY RD  
WAUCHULA, FL 33873 US

## New Mailing Address:

FEI Number: 65-0552404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, JAMES A  
1711 DANSBY RD  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROGERS, JAMES A  
Address: 1711 DANSBY ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete  
Name: ROGERS, CATHERINE J  
Address: 1711 DANSBY RD  
City-St-Zip: WAUCHULA, FL 33873

Title: ST ( ) Delete  
Name: SMITH, GAIL R  
Address: 1886 DANSBY ROAD  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SMITH, GAIL R  
Address: 1886 DANSBY RD  
City-St-Zip: WAUCHULA, FL 33873

Title: VP (X) Change ( ) Addition  
Name: ROGERS, STEVE A  
Address: 5565 HWY. 17 SOUTH  
City-St-Zip: ZOLFO SPRGS, FL 33890

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL R. SMITH

VP

02/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date