

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000069032**

1. Entity Name  
J. B. ROGERS CITRUS, INC.



Principal Place of Business  
184 HUNTLEY OAKS BLVD  
LAKE PLACID, FL 33852 US

Mailing Address  
184 HUNTLEY OAKS BLVD  
LAKE PLACID, FL 33852 US



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0689714

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

ROGERS, AMBERLEE  
184 HUNTLEY OAKS BLVD  
LAKE PLACID, FL 33852

**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 \_\_\_\_\_ (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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROGERS, JASON B  
STREET ADDRESS 184 HUNTLEY OAKS BLVD  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE STD  
NAME ROGERS, AMBERLEE P  
STREET ADDRESS 184 HUNTLEY OAKS BLVD  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1100000537135  
05/09/06-80005-020 150.00

**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

Date 4/25/06 Daytime Phone #