

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101484

1. Entity Name  
ROGER'S TV, INC.



Principal Place of Business  
960 S. MCCALL ROAD  
ENGLEWOOD, FL 34223

Mailing Address  
960 S. MCCALL ROAD  
ENGLEWOOD, FL 34223



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0718753

Applied For  
Not Applicable

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

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

MASHKE, ROGER  
960 S. MCCALL ROAD  
ENGLEWOOD, FL 34223

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

300036275743  
05/13/04--01077--019 \*\*550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
MASHKE, ROGER  
172 BUNKER RD  
ROTONDA WEST, FL 34947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DECLERCQ, JANE  
5005 LACY ST.  
NORTH PORT, FL 34286

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MASHKE, STEVEN  
6215 CATALAN STREET  
ENGLEWOOD, FL 34224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

5/12  
bcm

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #