

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90015 025 \*\*\*150.00

**DOCUMENT # P98000058447**

1. Entity Name  
**ROGERS GOLF MANAGEMENT, INC.**



Principal Place of Business  
**3309 CAVERNS ROAD  
MARIANNA, FL 32446**

Mailing Address  
**3309 CAVERNS ROAD  
MARIANNA, FL 32446**

**54026426**

2. Principal Place of Business  
**5406 Hwy 2**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 240**  
Suite, Apt. #, etc.

City & State  
**Bascom, FL**  
Zip  
**32423** Country

City & State  
**Malone, FL**  
Zip  
**32445** Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3519086** Applied For  
Not Applicable

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

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

**ROGERS, RHETT A  
3309 CAVERNS ROAD  
MARIANNA, FL 32446**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5406 Hwy 2**

City **Bascom**

**FL**

Zip Code  
**32423**

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 Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **ROGERS, RHETT A**  
STREET ADDRESS **5406 HWY 2**  
CITY-ST-ZIP **BASCOM, FL 32423**

TITLE **VTs** ☐ Delete  
NAME **ROGERS, DONNA**  
STREET ADDRESS **5406 HWY 2**  
CITY-ST-ZIP **BASCOM, FL 32423**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Donna Rogers - Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/04*  
Date

*890-564-5832*  
Daytime Phone #