

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 047 \*\*\*150.00

**DOCUMENT # P98000058447**

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



Principal Place of Business  
**5406 HWY 2  
BASCOM, FL 32423**

Mailing Address  
**PO BOX 240  
MALONE, FL 32445**

**50014728**



2. Principal Place of Business  
**5135 Ninth Avenue**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

03252006 Chg-P CR2E034 (11/05)

City & State  
**Malone, FL**

Zip  
**32445**

Country

City & State  
  
Zip  
Country

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  
5406 HWY 2  
BASCOM, FL 32423**

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

Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
**5135 Ninth Avenue**  
  
City **Malone** **FL** Zip **32445**

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, 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 **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 **5135 Ninth Avenue**  
CITY - ST - ZIP **Malone, FL 32445**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5135 Ninth Avenue**  
CITY - ST - ZIP **Malone, FL 32445**

TITLE ☐ Change ☐ Addition  
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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 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: Donna Rogers Donna Rogers 4/18/06 850-526-3910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #