2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000058447 1. Entity Name ROGERS GOLF MANAGEMENT, INC.						04-21-2006	90121 04	/ ***15	0.00
Principal Place 5406 HWY 2 BASCOM, FL		Mailing Address PO BOX 240 MALONE, FL 32445		•			5001	4728	
2. Principal Place of Business 5135 Ninth Avenue		3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			03252006	Chg-P	CR2E034	1 (11/05)	
City & State Malone FL		City & State		4. FEI Number 59-351			_ 	plied For t Applicable	
Zip Country 32445		Zip	Country		5. Certificate	of Status Desired		8.75 Add se Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Re	egistered Ag	ent	
				Name					
ROGERS, 5406 HWY BASCOM,	′2	Street Address 513 5			ess (P.O. Box Number Ninth	er is Not Acceptable Avenue)		
				City Mal	lone		FL	Zipsod	445
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	egistere	ed office or reg	istered agent, or bo	th, in the State of Flo	rida. I am tar	miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registere	d Agent signature rec	quired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			\$5.00 May Be Added to Fees				
		Trust Fund Contri			Added to Fees	CHANGES TO OFFI			S IN 11
After M	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri	11.		Added to Fees ADDITIONS		Ľ	DIRECTORS Change	S IN 11
After Ma	OFFICERS AND P ROGERS, RHETT A	Trust Fund Contri	11.		Added to Fees ADDITIONS		Ľ		
After Ma	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri	11. TITLE		Added to Fees ADDITIONS		Ľ		
10. TITLE NAME STREET ADDRESS	OFFICERS AND P ROGERS, RHETT A 5406 HWY 2	Trust Fund Contri	11. TITLE		Added to Fees ADDITIONS		Ľ		
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12. I hereby certify that the information supplied with this fitting 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:

418106

850 - 526-3910 Daylime Phone #