

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90076 045 \*\*\*150.00

**DOCUMENT # P98000086097**

1. Entity Name  
**RODGERS BROTHERS LAND COMPANY**



Principal Place of Business  
**26730 US HWY 27  
LEESBURG, FL 34748 US**

Mailing Address  
**P.O. BOX 1555  
VENICE, FL 34284**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0873531**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, SAM R  
1265 HORSE & CHAISE BLVD  
VENICE, FL 34284**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RODGERS, SAM R  
STREET ADDRESS 448 BAYSHORE DR  
CITY-ST-ZIP VENICE, FL 34285 ☐ Delete

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

TITLE VPD  
NAME RODGERS, REX S  
STREET ADDRESS 1446 BRAMBLING CT.  
CITY-ST-ZIP BRADENTON, FL 34212 ☐ Delete

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

TITLE VPD  
NAME RODGERS, RICHARD  
STREET ADDRESS P.O. BOX 1313  
CITY-ST-ZIP OSPREY, FL 342291313 ☐ Delete

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

TITLE STD  
NAME RODGERS, MARY A  
STREET ADDRESS 448 BAYSHORE DR  
CITY-ST-ZIP VENICE, FL 34285 ☐ Delete

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

TITLE AS  
NAME DIXON, KATHLEEN S  
STREET ADDRESS 1612 LILLIPUT COURT  
CITY-ST-ZIP VENICE, FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Daytime Phone #

3-6-06

941-493-6626