

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

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 558 VENICE, FL 34284



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODGERS, SAM R 1265 HORSE & CHASE BLVD VENICE, FL 34284

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000867245
04/08/08-80060-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODGERS, SAM R 448 BAYSHORE DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODGERS, REX S 1446 BRAMBLING CT. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODGERS, RICHARD P.O. BOX 1313 OSPREY, FL 342291313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODGERS, MARY A 448 BAYSHORE DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIXON, KATHLEEN S 1612 LILLIPUT COURT VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3-27-08

Date

Daytime Phone #

946 493 -
6626