

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000097520

1. Entity Name
ROGERS-DIERKS, INC.



Principal Place of Business
C/O HEICO CORPORATION
3000 TAFT STREET
HOLLYWOOD, FL 33021

Mailing Address
C/O HEICO CORPORATION
3000 TAFT STREET
HOLLYWOOD, FL 33021



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2428936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD, FL 33021

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AS
NAME VETTER, JUDITH W
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE P
NAME KELLY, KEVIN
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE S
NAME LETENDRE, ELIZABETH R
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD
NAME IRWIN, THOMAS S
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000736128
05/10/07-80063-003 150.00

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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

Thomas S. Irwin

4-12-07

954-744-7560

32 Assistant Treasurer

Daytime Phone #