

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 001 ***150.00

DOCUMENT # S12242	
1. Entity Name: ROGERS & ROGERS CABINETS, INC.	

Principal Place of Business 324 13TH ST., S.W. LARGO, FL 33770 US	Mailing Address P.O. BOX 376 LARGO, FL 33779-0376 US
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20017633



2. Principal Place of Business 1292 W. BAY DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LARGO FL	City & State
Zip 33770	Country

02092005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3043604	Apply For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROGERS, THEODORE P. 324 13TH ST., S.W. LARGO, FL 33770	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1292 WEST BAY DR. City LARGO FL Zip Code 33770
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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 use if applicable. (NOTE: Registered Agent signature required when necessary) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD ROGERS, THEODORE P. 324 13TH ST., S.W. LARGO, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD ROGERS, DIANE 324 13TH ST., S.W. LARGO, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 files empowered.

SIGNATURE: President 2-27-05 727-587-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #