

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 001 ***150.00

DOCUMENT # S40486

1. Entity Name

JIM ROGERS, INC., PEST CONTROL



Principal Place of Business

2773 WINCHESTER AVE
ORANGE PARK FL 32065

Mailing Address

2773 WINCHESTER AVE
ORANGE PARK FL 32065

2. Principal Place of Business

2413 Tahn Cedars Rd

Suite, Apt. #, etc.

Orange Park

City & State

Fl

Zip

32003

Country

Clay

3. Mailing Address

2413 Tahn Cedars Rd

Suite, Apt. #, etc.

Orange Park

City & State

Fl

Zip

32003

Country

Clay



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3075617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, MELINDA SUE
2773 WINCHESTER AVE
ORANGE PARK FL 32065

Melinda

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME ROGERS, MELINDA SUE
STREET ADDRESS 2773 WINCHESTER AVE.
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE DPT
NAME ROGERS, JAMES R., SR.
STREET ADDRESS 2773 WINCHESTER AVE.
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD
NAME Rogers Melinda Sue
STREET ADDRESS 2413 Tahn Cedars Road
CITY-ST-ZIP Orange Pk, Fl 32003 ☒ Change ☐ Addition

TITLE DPT
NAME Rogers, James R., Sr.
STREET ADDRESS 2413 Tahn Cedars Road
CITY-ST-ZIP Orange Pk, Fl 32003 ☒ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 Section 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:

M.S. Rogers

M.S. Rogers

A-25-06

404 272-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #