

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # V19966**

1. Entity Name  
**D. R. ROGERS, INC.**



Principal Place of Business

P.O. BOX 486  
ALVA, FL 33920 US

Mailing Address

P.O. BOX 486  
ALVA, FL 33920 US

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**63-0919095**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, DAVID R  
22901 TUCKAHOE RD.  
ALVA, FL 33920

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROGERS, DAVID R  
STREET ADDRESS 22901 TUCKAHOE RD.  
CITY-ST-ZIP ALVA, FL

TITLE V  
NAME ROGERS, DAVID S  
STREET ADDRESS 22901 TUCKAHOE RD.  
CITY-ST-ZIP ALVA, FL

TITLE ST  
NAME ROGERS, NANCY L  
STREET ADDRESS 22901 TUCKAHOE ROAD  
CITY-ST-ZIP ALVA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000230001  
02/15/05-80024-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nancy Rogers* **NANCY ROGERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-9-05* **(239) 728-3405**