


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90072 018 ***150.00

DOCUMENT # V56526

1. Entity Name
ROGINA, INC.



Principal Place of Business
**6117 CARLA CIRCLE
 LAKELAND, FL 33811**

Mailing Address
**6117 CARLA CIRCLE
 LAKELAND, FL 33811**



2. Principal Place of Business
**202 LAKE MIRIAM DR
 SUITE W-3
 LAKELAND FL**

3. Mailing Address
**PO Box 5888
 LAKELAND FL**

City & State
LAKELAND FL

Zip Country
33813 USA

01072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3157426

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

6. Name and Address of Current Registered Agent

**SCARRY, ROBERT L
 6117 CARLA CIRCLE
 LAKELAND, FL 33811-1964**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCARRY, ROBERT L 6117 CARLA CIR LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert L. Scarry P.D.* **ROBERT L. SCARRY P.D.** **13 April 2005** **863-646-2920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #