


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90186 036 ***158.75

DOCUMENT # 521108 1. Entity Name BOERNER COMMUNICATIONS, INC.					
Principal Place of Business 510 S. HIGHLAND AVE CLEARWATER, FL 34616 US				Mailing Address P.O. BOX 290 MANHASSET, NY 11030 US	
2. Principal Place of Business 13520 NORTHUMBERLAND CIRCLE Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PALM BEACH				City & State	
Zip 33414		Country PALM BEACH		4. FEI Number 59-1710568	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRIOR, HARRY E 101 W LEMON ST TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name CHARLES OERTER Street Address (P.O. Box Number is Not Acceptable) 13520 NORTHUMBERLAND CIRCLE City WEST PALM BEACH FL Zip Code 33414	
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 <u>CHARLES OERTER, AGENT</u> DATE <u>MARCH 29, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$580.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BOERNER, HENRY L. 90 SECOND ST MINEOLA, NY 11501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOERNER, MARY ANN 90 SECOND ST MINEOLA, NY 11501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIOR, HARRY E. 101 W. LEMON ST. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>HENRY BOERNER</u> PRESIDENT DATE <u>MARCH 29 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					