


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 825452

1. Entity Name
BOHEMOND CORPORATION



Principal Place of Business 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAYNE, FL 33149	Mailing Address 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAYNE, FL 33149
---	---



01062004 000000000000 0000000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0883135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 <small>PER DOCUMENT</small>

6. Name and Address of Current Registered Agent

**SPENCER, S.A.
 251 CRANDON BLVD, UNIT 164
 KEY BISCAYNE, FL 33149**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** PER DOCUMENT

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, MARY M 251 CRANDON BLVD #164 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAGHY, JAMES W 7 RIDGEWOOD DRIVE BRIDGEWATER, CT 06752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEISCHNER, STEVEN 1979 DOGWOOD DR SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000149185
 05/03/04-80177-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steve Leischner* **Secretary** **4-26-04** **(305) 361-8864**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #