


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 825452 1. Entity Name BOHEMOND CORPORATION	
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Principal Place of Business 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAWAYNE, FL 33149	Mailing Address 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAWAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-0883135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, MARY M 251 CRANDON BLVD #164 KEY BISCAWAYNE, 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	

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05/15/07-80067-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Leischner* - Steven Leischner, Secretary 4/23/07 (305) 361-8864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #