


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90014 020 \*\*\*150.00

<b>DOCUMENT # H20142</b> 1. Entity Name <b>BOCA-DELRAY OFFICE PRODUCTS, INC.</b>		
Principal Place of Business <b>14850 S. MILITARY TRAIL DELRAY BEACH FL 33484 - 8153</b>		Mailing Address <b>14850 S. MILITARY TRAIL DELRAY BEACH FL 33484 - 8153</b>
2. Principal Place of Business - No P.O. Box # <b>14850 S. MILITARY TRAIL</b>	3. Mailing Address <b>14850 S. MILITARY TRAIL</b>	
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	
City & State <b>DELRAY BEACH, FL 33484</b>	City & State <b>DELRAY BEACH, FL 33484</b>	
Zip <b>33484-8153</b>	Country 	Zip <b>33484-8153</b>
Country 		Country 
4. FEI Number <b>59-2497713</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GASOI, MILTON A., ESQ. 6121 ROSSMOON LAKES CT BOYNTON BEACH FL 33437</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		
9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution: <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUGRIDGE, ROBERT W. 373 S.W. 33RD TERRACE DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUGRIDGE, DEBORAH 373 S.W. 33RD TERRACE DEERFIELD BEACH FL	<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
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>X Robert W. Mugridge</b> <b>4-15-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



1st MOORE CR2E034 (10/07)