


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 005 ***150.00

DOCUMENT # J44840
 1. Entity Name
STEVE BOGAN REALTY, INC.



Principal Place of Business Mailing Address
25 WEST CEDAR ST **25 WEST CEDAR ST**
STE 230 **STE 230**
PENSACOLA, FL 32502 US **PENSACOLA, FL 32502 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
415 S. Florida Blanca **P.O. Box 563**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola FL **Gulf Breeze FL**
 Zip Country Zip Country
32502 **USA** **32562** **USA**



01252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2758710 Not Applicable

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

6. Name and Address of Current Registered Agent
BOGAN, STEPHEN C.
25 W CEDAR ST
STE 230
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
415 S. Florida Blanca
Suite 5
 City State Zip Code
Pensacola **FL** **32502**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOGAN, STEPHEN C.	
STREET ADDRESS	25 W CEDAR ST., STE. 230	
CITY-STATE-ZIP	PENSACOLA, FL 32502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	415 S. Florida Blanca, Suite 5	
CITY-STATE-ZIP	Pensacola, FL 32502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C. Bogan* 4-17-08 850-433-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #