

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000051038 1. Entity Name STEVEN M. BOGARAT, INC.	
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Principal Place of Business 4230 HERSHEL ST JACKSONVILLE, FL 32210	Mailing Address 4290 HERSHEL ST JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3266617	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT STEVEN M BOGARAT 4131 ROBIN HOOD RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS WATSON 4290 HERSHEL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIMPSON, JAMES C JR. 5608 RIBBON ROSE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SIMPSON, TOBY L 5608 RIBBON ROSE DR. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/19/05-80051-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  **JAMES C. SIMPSON JR.** 1-13-05 904 388-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #