## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000051038

Entity Name: STEVEN M. BOGARAT, INC.

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4290 HERSHEL ST JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

4290 HERSHEL ST JACKSONVILLE, FL 32210

FEI Number: 59-3266617 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition Name: STEVEN M BOGARAT, Address: 4131 ROBIN HOOD RD Title: DPT (X) Change () Addition Name: STEVEN M BOGARAT, Address: 4131 ROBIN HOOD RD

Address: 4131 ROBIN HOOD RD Address: 4131 ROBIN HOOD RD City-St-Zip: JACKSONVILLE, FL 32210

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 THOMAS WATSON,
 Name:
 THOMAS WATSON,

 Address:
 4290 HERSCHEL ST
 4290 HERSCHEL ST

Address: 4290 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: SIMPSON, JAMES C JR. Name: SIMPSON, JAMES C JR.

Address: 5608 RIBBON ROSE DR Address: 1108 BAY BREEZE DR.
City-St-Zip: JACKSONVILLE, FL City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 SIMPSON, TÖBY L
 Name:
 SIMPSON, TÖBY L

 Address:
 5608 RIBBON ROSE DR.
 Address:
 1108 BAY BREEZE DR.

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. SIMPSON JR. VP 03/30/2006